



Trillium
Gift of Life
Network

ANNUAL REPORT 2014/15

Success

With our partners,
we celebrate a banner year
for organ and tissue donation
and transplant.



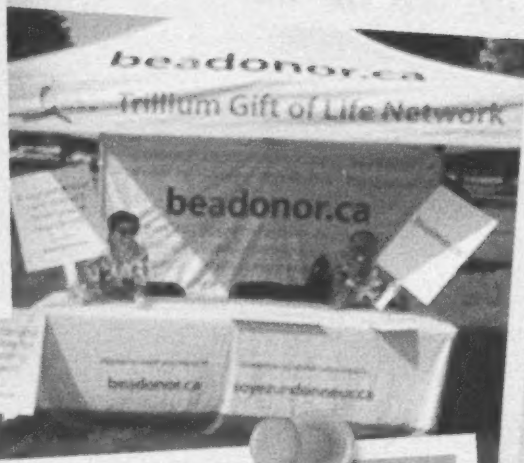
Ontario

Trillium Gift of Life Network

Mission

Saving and enhancing more lives
through the gift of organ and tissue
donation and transplantation
in Ontario.

TGLN
Provincial
Resource
Centre



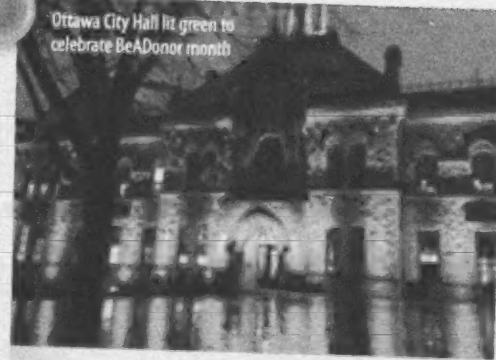
Vision

To be a world-class leader
that enhances and
saves lives through
organ and tissue donation
for transplantation.



Values

We are an effective,
innovative leader in organ
and tissue donation and
transplantation, working in
an environment of honesty,
trust, respect, compassion
and cooperation.



Ottawa City Hall lit green to
celebrate BeADonor month

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*Too many still wait
too long and never receive,
and the grief of their
families fuels us to do more,
achieve more, and
miss no opportunity.*

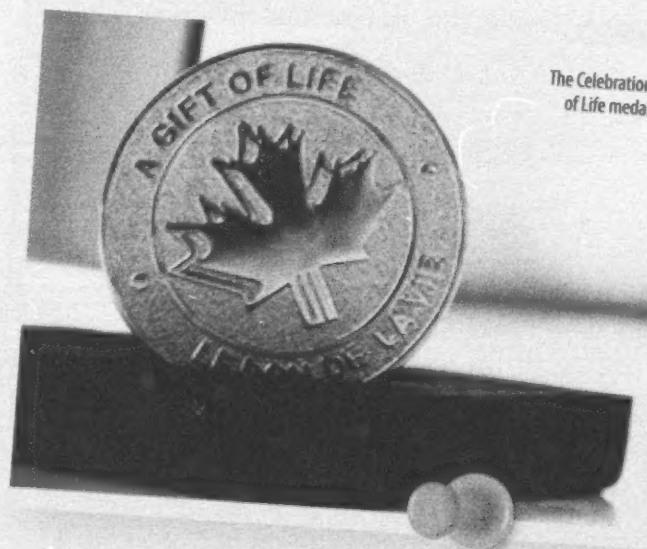


Message from the Chair of the Board and the President and CEO

Anyone who has attended a Celebration of Life event will tell you it is a profoundly moving experience. At these events, Trillium Gift of Life Network invites donor families to join us as we honour and thank their loved ones for their gift of organs and tissue. TGLN is, of course, also thanking the families themselves, for it is their consent that allowed donation to happen. In 2014/15, six Celebration of Life medal ceremonies were held in cities across the province, over 1,000 donor family members chose to attend these events held in honour of their loved ones.

This event is the very definition of bittersweet. The emotion in the room is palpable. We never forget that these families are bereaved, so grief and loss are still there. But there is also enormous pride as they reflect on the gifts their loved ones left behind, the legacy of saving a life at the end

of their own. Add to this heady mix the people who are not in attendance but who are on everyone's minds — the recipients. Their gratitude fills the room despite their absence.





Celebrating Beth and Emile Therien, winners of the 2014 Trillium Gift of Life Network Champion Award.

(from left to right): Dr. Bob Bell, Deputy Minister of Health and Long Term Care, Ronnie Gavsie, Rabbi Reuven Bulka, 2013 Champion Merv Sheppard, Beth and Emile Therien, 2012 Champion Hélène Campbell.

This is a profound event for TGLN staff too. Many of the staff in the room, particularly our donation coordinators and on-call staff, have been intimately involved in these families' stories. They have been by the bedside as final decisions are made, they have been with the donor at the crucial moments. As the Celebration unfolds, their emotions rise and release as well. Just as many of the donor families feel catharsis at the end, our staff leave drained but composed as well. They look resolute. They have revisited the essence of what we are doing and leave filled up, ready to do more.

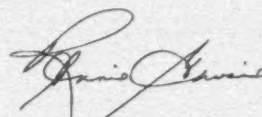
There is much to celebrate in this Annual Report, as 2014/15 was a year filled with achievement. It was a record breaking year for Ontario and TGLN on all fronts—more donors, more transplants, more Ontarians registered their consent for donation. It was a year in which donation and transplant issues were very much in the media and therefore, on people's minds, and we took full advantage of these opportunities. More collective awareness certainly contributed to more registrations, and perhaps even more families saying yes to donation.

Yet, we must keep our celebration short because there is still much to do. The resolve on the faces of our staff as they leave those Celebrations of Life is resolve to help those Ontarians still waiting, and far too many are waiting. Too many still wait too long and never receive, and the grief of their families fuels us to do more, achieve more, and miss no opportunity.

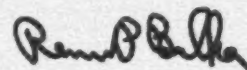
Organ and tissue donation and transplant is a complex system—the chain of personnel involved is long and each case presents its own unique challenges. But at the very start of that chain is the donor and the donor family—all opportunity is born of their generous decision and our work stops in its tracks without them. We thank them.

We thank our Board of Directors for their guidance and support. We thank TGLN staff for their skill, their dedication, their professionalism and their compassion. This team has reached new heights this year, and is up to the challenge of reaching higher yet.

They are up to the challenge because those who toil at TGLN are not simply employees on the job; they are public servants on a sacred mission.



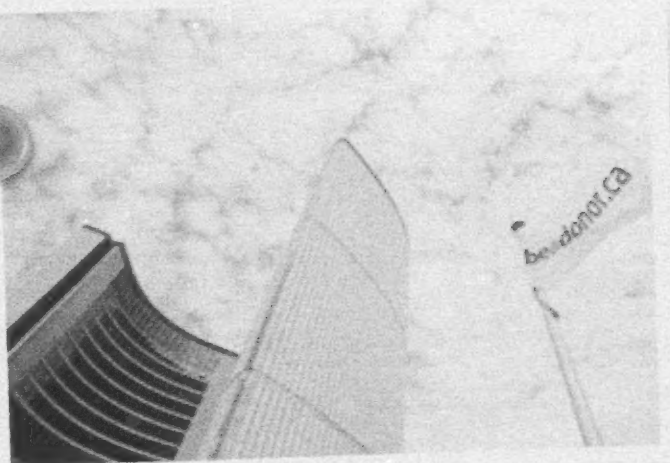
Ronnie Gavsie
President and CEO



Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors



Ronnie Gavsie interviewed
by CBC Toronto



TGLN's 2014/15 Business Plan at a Glance

Mission:

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision:

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

2012 – 2015 Strategic Direction:

Develop a sustainable end-to-end transplant system.

Increase donation performance of GTA hospitals.

Increase registered donors in the inner GTA.

2014/15 Goals:

Support transplantation through effective oversight and collaboration with stakeholders.

Maximize organ and tissue donation for transplantation in partnership with stakeholders.

Inspire and motivate Ontarians to register consent to donate organs and tissues.

Deliver high-quality and efficient operations through leading practices in process improvement, information technology and performance management.

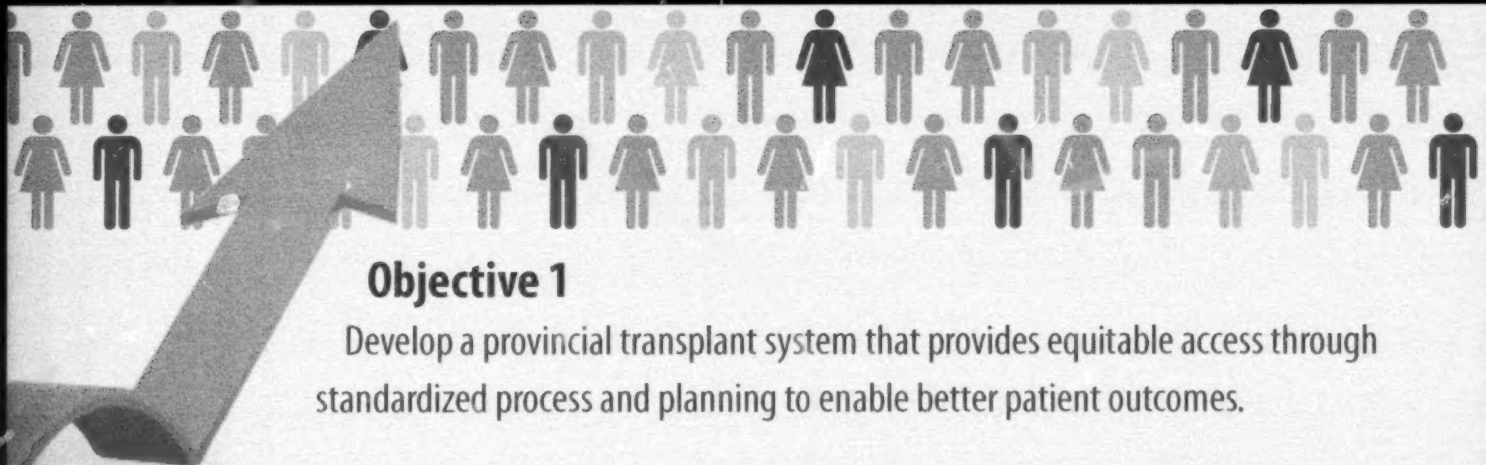
2014/15 Objectives:

- Develop a provincial transplant system that provides equitable access through standardized process and planning to enable better patient outcomes.

- Achieve 67–70 percent TGLN conversion rate for organ donation at originally designated hospitals, 244–260 donors and 3.57 organ yield per donor.
- Achieve a 38 percent consent rate, 2,000–2,150 tissue donors and 300–315 multi-tissue donations.

- Increase registered donors by 232,000–260,000.

- Enhance and sustain the Quality Management System (QMS) that supports continuous quality improvement and meeting of quality standards.
- Improve Information Systems (IS) to drive donation and transplantation system improvement and facilitate efficient operations.
- Recognize, reward and cultivate performance excellence.



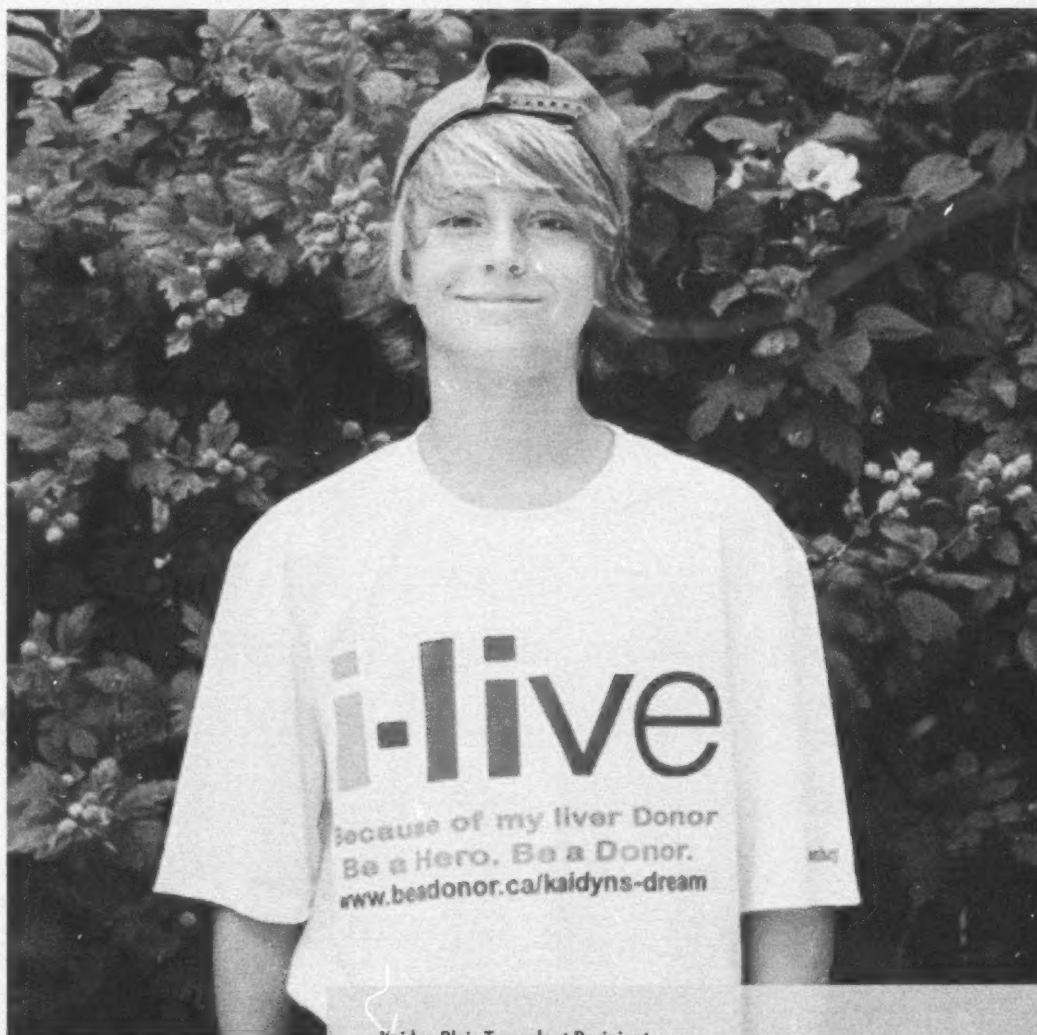
Objective 1

Develop a provincial transplant system that provides equitable access through standardized process and planning to enable better patient outcomes.

Trillium Gift of Life Network continued its partnership with Ontario transplant hospitals to further strengthen the provincial transplant system. Key areas of focus for 2014/15 included joining the national Highly Sensitized Patient registry, reducing wait times for corneal transplant patients, developing clinical best practices for kidney transplantation and establishing Regional Clinical Liaisons in Ontario transplant centres. All were achieved through collaboration with clinical and administrative experts from each transplant program.

Improving access to kidney transplantation

On May 27, 2014, Ontario joined the national Highly Sensitized Patient (HSP) program for hard-to-match kidney patients. Highly sensitized patients have high levels of sensitizing antibodies because of past exposures to foreign tissue, which can happen in pregnancy, previous transplants and/or blood transfusions. These patients are at a



Kaidyn Blair, Transplant Recipient

much higher risk of rejecting a kidney and are very difficult to match for transplant.

Dave Allingham, Heart Transplant Recipient



In Ontario, highly sensitized patients make up approximately 30 percent of the waitlist but, because they are harder to match, receive only 10 percent of transplants. For eligible highly sensitized patients, Ontario's participation in this program will improve access and reduce wait times through allocation of kidneys from the national donor pool. To increase the potential matches for these patients, TGLN enhanced its information system to support national allocation and incorporated HSP as part of its allocation, recovery and transplantation processes.

In 2014/15, 52 highly sensitized patients in Ontario received kidney transplants, 14 of these patients received donor kidneys from outside the province. Ontario provided 15 HSP patients outside of the province with donor kidneys for transplantation.

I was diagnosed with Arrhythmogenic Right Ventricular Dysplasia (ARVD) in 2004. Thankfully, because I was alarmed by my symptoms, I was able to get to the hospital in time. Two weeks later I was released from hospital, facing life with ARVD, a genetic, often fatal, arrhythmia in the heart. Physicians warned that if left untreated, I would suffer a fatal heart attack. Unfortunately, the very same disease took my father's life in 1977 but at the time it was categorized only as a heart attack.

After leaving the hospital with an Implantable Cardiac Defibrillator (ICD), on a myriad of medications, I returned to my life as a husband and father. Over the years the disease continued to progress. There is no cure for ARVD. In 2011, after a number of cardiac ablations which caused further complications, my family and I were forced to contemplate plan B: a heart transplant.

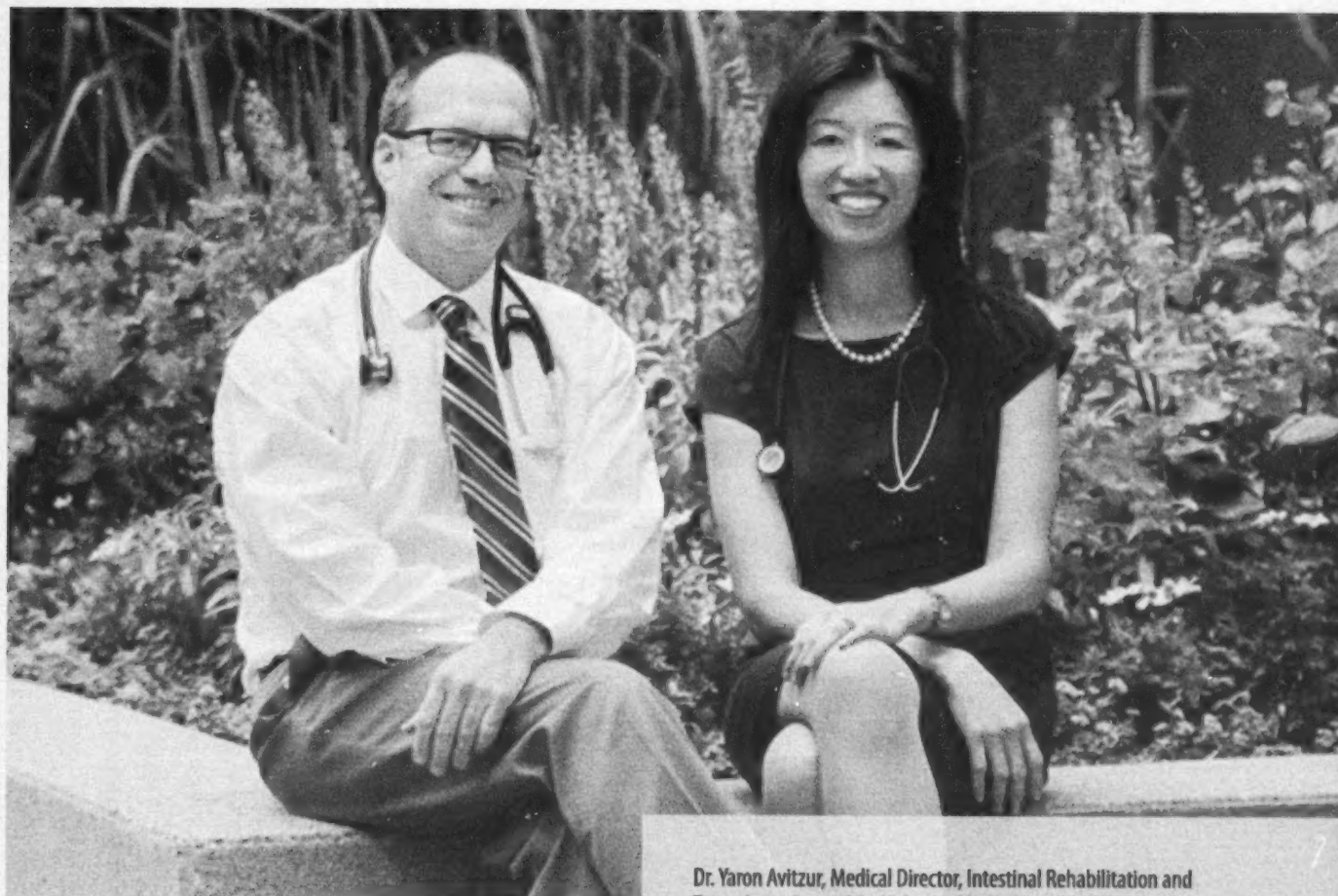
By now I was living in the hospital on a Bi-Vad machine, which took over the full function of my heart. It was the only thing keeping me alive, there was nothing more the doctors could do for me. Patients can only live on the Bi-Vad machine for 30 days, so my only hope was in the hands of a donor family. Thankfully, I received a call that saved my life, something I have been very grateful for every single day since.

Thank you to my donor family for giving my kids their father back!

In total, 53 highly sensitized patients across the country (including the 38 in Ontario) received a kidney transplant as a result of TGLN's participation in this program.

Developing clinical best practices for kidney transplantation

As part of the commitment to quality health care and better patient outcomes for Ontario transplant patients, TGLN, members of the Kidney/Pancreas Working Group and representatives from the seven kidney transplant programs in Ontario developed a care pathway from pre-transplant to post-transplant care. A clinical handbook was created to support patients, practitioners and partners through the kidney transplant journey. Over the next year, it will be disseminated to kidney transplant care providers. TGLN will also continue to develop clinical pathways and best practice services for all organ-specific groups.



Dr. Yaron Avitzur, Medical Director, Intestinal Rehabilitation and Transplantation and Dr. Vicky Ng, Medical Director, Liver Transplant Program, Hospital for Sick Children.

Reducing wait times for corneal transplantation

Ontario saw a significant reduction in wait times for cornea transplant surgery, with 90 percent of patients waiting less than 182 days, the clinical target set by the Ontario Ministry of Health and Long-Term Care. In partnership with the Corneal Transplant Working Group (CTWG) and other system partners, TGLN implemented policies and system enhancements aimed at improving the access, quality and performance of corneal transplant services across Ontario.

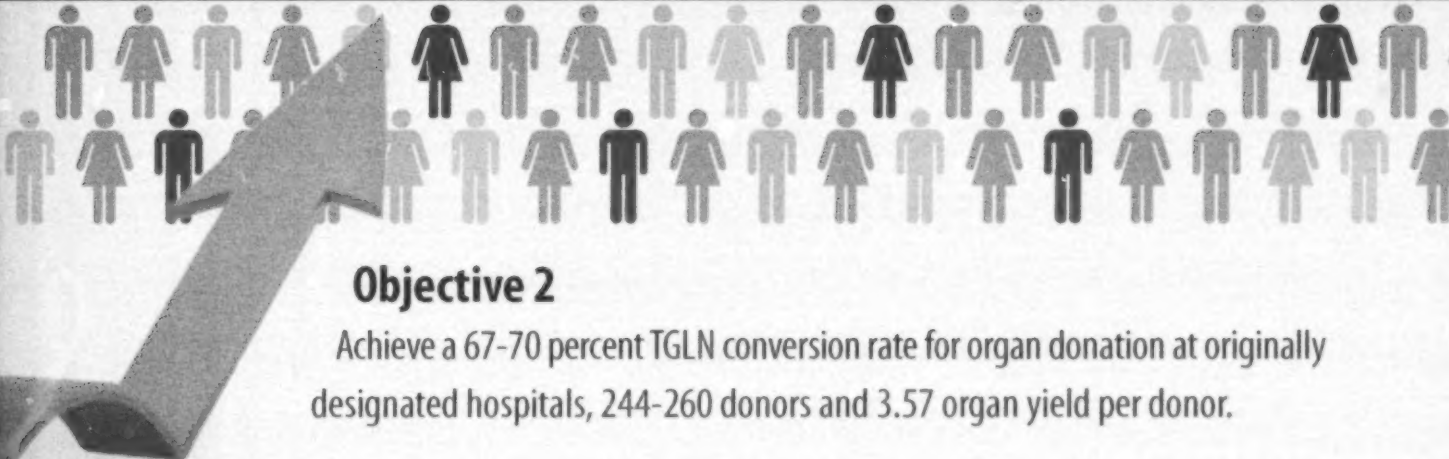
Introducing Regional Clinical Liaisons

TGLN introduced a new Regional Clinical Liaison (RCL) role to provide additional support to Ontario hospitals. RCLs have been integrated at each of the eight transplant centres and are currently working with transplant programs to increase patient-focused

education and sharing of clinical best practices to enhance performance measurement and evaluation. RCLs act to strengthen relationships with TGLN and between care providers to achieve an integrated and coordinated approach to transplant care in Ontario.

Building partnerships along the patient care continuum

To support the development of a sustainable end-to-end transplant system throughout the patient care continuum, TGLN is partnering with transplant centres and key local and regional health networks, such as the Ontario Renal Network (ORN) and the Cardiac Care Network. Through these partnerships, TGLN is developing an integrated, patient-centered transplant system directly informed by patients and their care providers.



Objective 2

Achieve a 67-70 percent TGLN conversion rate for organ donation at originally designated hospitals, 244-260 donors and 3.57 organ yield per donor.

In 2014/15, more Ontario families were offered the opportunity to save lives through organ donation. In 884 end-of-life conversations, up from 659 the year before, Trillium Gift of Life Network Coordinators supported families to help them make a life-saving choice.

TGLN exceeded its target with 271 deceased organ donors in 2014/15, setting a new record for deceased organ donations in Ontario. The number of potentially eligible donors increased by 14 percent to 490, compared to 428 in 2013/14. There was also a significant increase in the number of donation after cardio-circulatory death (DCD) donors, which increased to 69 from 53 in 2013/14.

Although 10 of the originally designated hospitals¹ met or exceeded the provincial conversion rate² target, the average conversion rate—62 percent for this group—fell below target, despite a consent rate of 74 percent. In 2014/15 organ yield was marginally lower than the target of 3.57, at 3.54 organs per donor.

Key factors that influenced Ontario's deceased organ donation results:

- With an increase in the number of families approached to consider donation, more potential donors were deemed medically unsuitable for transplant after consent was obtained.
- Conversion rate is mainly influenced by timely notification of potential organ donors to TGLN and the willingness of families to consent to donation. To reinforce the importance of timely notification, TGLN continued to provide in-depth education to

Hospitals with conversion rates of 100 percent:

- Royal Victoria Regional Health Centre
- Hôpital Montfort



health care professionals, with a focus on the provincial clinical triggers (GIFT³).

- The increase in DCD donors across the province brought the organ yield down slightly from last year (3.64) because in these cases, the heart cannot be transplanted and the length of the dying process⁴ may exclude additional organs from being recovered.
- Ontario's aging population is also having an impact on organ yield, as the number of organs recovered from older donors tends to be slightly lower than the average.
- Organ utilization rates have remained consistently high due to the continued use of machine perfusion for organs after recovery and prior to transplant.
- With the high donation potential in the Greater Toronto Area (GTA), one of TGLN's strategic priorities has been to significantly increase donation performance in GTA hospitals. A number of strategies have been implemented over the last

¹ **Originally Designated Hospitals:** The first 21 hospitals required to report deaths to TGLN. These hospitals initiated reporting in 2006.

² **Conversion Rate:** The percentage of potential organ donors who go on to be actual organ donors.

³ **GIFT: G:** Grave prognosis; **I:** Injured brain on non-recoverable injury/illness; **F:** Family-initiated discussion of donation/withdrawal of life-sustaining therapy (WLS); **T:** Therapy-limited, de-escalation of care/WLS discussion planned.

⁴ **Length of the Dying Process:** For donation opportunities to be realized, death needs to occur within a specified amount of time, depending on the type of organ to be recovered for transplant. If death does not occur within this time frame, the recovery and donation cannot move forward.

few years to achieve this goal, including the introduction of the first phase of Hospital Donation Physicians in GTA hospitals and an increased focus on cultural competency training for staff. In 2014/15, GTA hospitals reported 116 deceased organ donors, up from 95 in 2013/14.

TGLN credits Ontario's breakthrough results in deceased organ donation to three key initiatives in 2014/15:

- The requirement for all hospitals with Level III critical care units to report donation opportunities to TGLN;
- public reporting of hospital donation performance; and
- enhanced physician involvement in donation.

Hamilton Health Sciences achieved the highest number of organ donors (28) in the province for the fourth consecutive year.



Supporting province-wide hospital reporting of donation opportunities

The multi-year phased implementation of routine notification of donation opportunities to TGLN by hospitals with Level III critical care units was completed in 2014/15. All 56 Ontario hospitals with Level III critical care units now routinely report hospital-wide patient deaths to TGLN.

TGLN also initiated reporting of patient deaths by hospitals with level II critical services, with 12 of these hospitals reporting in 2014/15:

- Ross Memorial Hospital
- Northumberland Hills Hospital
- Lake of the Woods District Hospital
- Kirkland and District Hospital
- West Parry Sound Health Centre
- Tillsonburg District Memorial Hospital
- Norfolk General Hospital
- Headwaters Health Care Centre
- Hôpital Général de Hawkesbury & District General Hospital

Tyler Justin Schwering arrived into our lives on October 24, 1996. My only son, my youngest child, he was always the one who "got away with everything". At least that's what my daughters would say. At 15 he had become a handsome young man, very loyal to his family and friends, Tyler was a practical joker who loved paintballing and gaming.

A beautiful sunny afternoon in May of 2012 became the worst day of my life. I received that phone call, the one every parent fears. Little did I know that the last words I said to Tyler that day: "I love you buddy" would be my last ones to him.

While we were waiting for a miracle at the hospital we were approached by a very caring, compassionate woman from Trillium Gift of Life Network. We knew that Tyler would want to help others. That night we found out five miracles would be granted: One critically ill woman received a new liver, a young boy and a young woman received kidney transplants, another individual received his pancreas, and an adult male is now spending every day enjoying his family. In addition, Tyler has given two people vision to enjoy the beauty of this world. His liver vessels will be used to facilitate liver transplants in the future.

Kim LeBlanc, Tyler's mom.

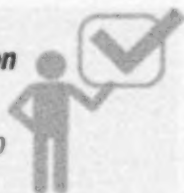
The last three years have undoubtedly been painful and I've had to find a new me. I've been living my life by this saying: "Life is not the way it's supposed to be. It's the way it is. The way you cope with it is what makes the difference." Tyler will forever be in my heart and now his legacy will live on as well.



- Lennox and Addington County General Hospital
- Middlesex Hospital Alliance – Strathroy Middlesex General Hospital
- Leamington District Memorial Hospital

Hospitals with a Routine Notification Rate of 100 percent:

- Children's Hospital of Eastern Ontario
- University of Ottawa Heart Institute



Demonstrating commitment through public reporting

In 2014/15, TGLN began reporting two donation performance metrics by hospital: Routine Notification Rate and Conversion Rate, publically demonstrating the joint commitment of TGLN and hospitals to ensure Ontario families are given the opportunity to save lives.

The average Routine Notification Rate for 56 Ontario hospitals was 93 percent, indicating that in the vast majority of cases, hospitals were notifying TGLN of potential opportunities for organ and tissue donation. The Conversion Rate reflects how well Ontario hospitals and TGLN work together to manage the complex process of organ donation. It involves many factors, including obtaining family consent, to convert potential donors to actual donors. The average Conversion Rate for organ donation in 2014/15 was 55 percent.

In addition to increasing transparency, the public reporting process has helped to improve awareness, compliance and accountability of hospitals for donation.

Donation firsts in 2014/15:

1. *Hôpital Montfort and North Bay Regional Health Centre facilitated Donation After Cardiocirculatory Death (DCD) donation for the first time.*
2. *Toronto East General Hospital, Cornwall Community Hospital and Hôpital Montfort all facilitated their first Donation after Neurological Determination of Death (NDD) organ donors.*



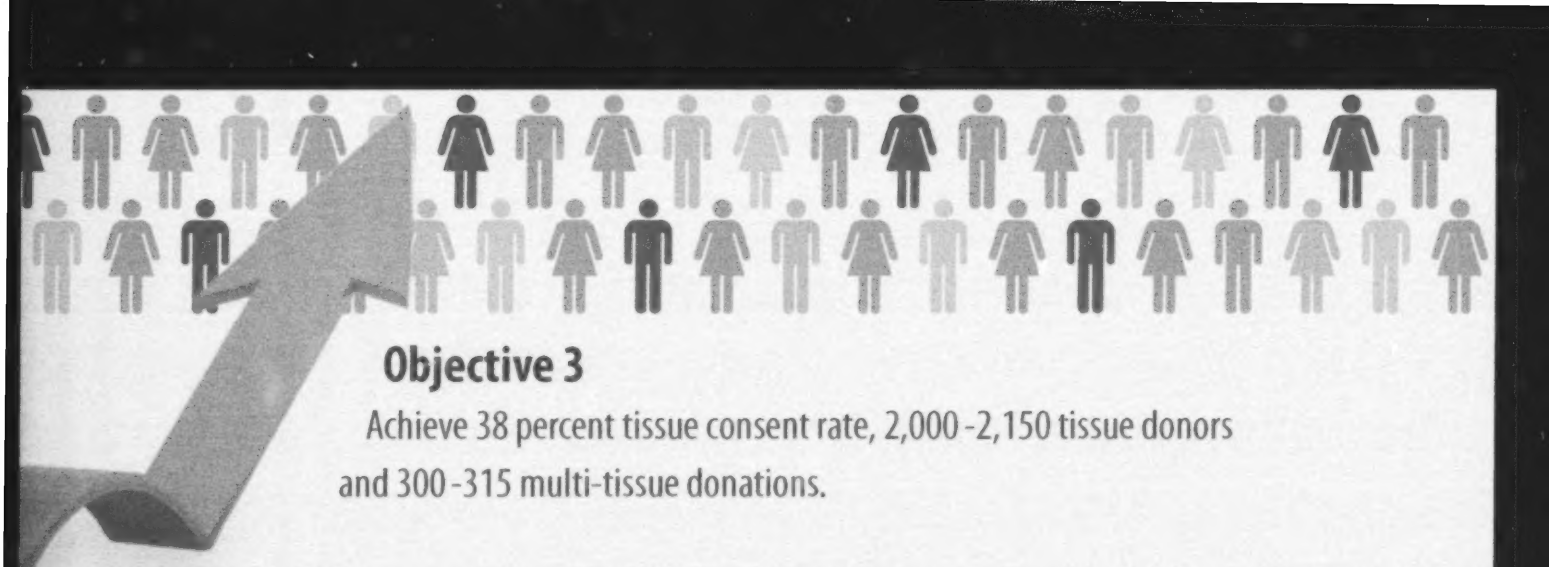
Human organ for transplantation coolers.

Engaging physicians in donation

Hospital-based physician leadership and accountability have proven to be key factors in the success of donation programs in Spain and the United Kingdom (U.K). Building on the success of the Regional Medical Lead roles created in 2013/14, TGLN further enhanced physician engagement by formally enlisting Hospital Donation Physicians (HDPs) to champion donation in 31 hospitals. Recruitment of HDPs in 25 remaining hospitals with Level III critical care units will be completed in the coming year.

An online physician portal is being developed to provide a secure, universal method of knowledge transfer and access to resources (presentations, articles, video clips). This dedicated collection of information and tools will include an interactive discussion forum for idea exchange, all with the intent of assisting physicians and maximizing their potential to be successful in improving donation in Ontario.

Critical Care Canada Forum, in partnership with TGLN, highlighted donation in their comprehensive end-of-life-care program this year, attracting donation experts from the U.K. and Australia. Ontario-based physicians benefitted from the discussion about organ and tissue donation as an integral component of quality end-of-life care.



Objective 3

Achieve 38 percent tissue consent rate, 2,000-2,150 tissue donors and 300-315 multi-tissue donations.

A 48 percent consent rate for tissue donation in 2014/15 not only exceeded target, but was also an improvement from last year's tissue consent rate of 42 percent. Given their training and experience, TGLN coordinators are much more successful at obtaining consent for tissue donation than health care professionals (HCP), securing consent in 51 percent of cases vs 18 percent respectively, for this fiscal year.

Continued education for hospital staff via tissue workshops and conferences reinforced the

importance of TGLN coordinators approaching families to seek consent for tissue donation. As a result, HCP approaches to families for tissue donation continued to decline to five percent of all family requests (down from 10 percent last fiscal year).

There were 1,913 ocular tissue donors and 201 multi-tissue (skin, bone and heart valves) donations in 2014/15. While these numbers were below target, there was a record 1,791 cornea donors for transplant.

After 13 years of being treated for Sarcoidosis, my lungs were covered with scar tissue resulting in shortness of breath and incessant coughing. I started oxygen treatment when my lung capacity was down to approximately 40 percent.

I had a transplant assessment in September 2008. I was hospitalized for the duration of the multiple tests required to qualify for a lung transplant. After a month in hospital undergoing treatment to get rid of the Cytomegalovirus (CMV) virus and Aspergillus, I left the hospital in a wheelchair.

I did qualify for a transplant, and I was on the waiting list for seven months.

The nine hour surgery was a huge success. I spent three days in the ICU and another 18 days in the ward hooked up to draining tubes. I felt great, I could breathe without coughing, I could walk without my friend the oxygen tank. I felt free and alive.

I pledged to do two things; give back, and travel. I volunteer with the Scarborough Gift of Life Association and I have since travelled to Trinidad, New York City, Orlando, Vancouver, Alaska and Australia and New Zealand. Heartfelt thanks to God, my family, my donor and my Toronto General Hospital family.

Ramesh Nankisoor, Lung Transplant Recipient



Due to a reduction in need at the Eye Bank of Canada – Ontario Division, the number of eye donors accepted for research and teaching purposes (122) was reduced by more than 61 percent from the previous fiscal year (323).

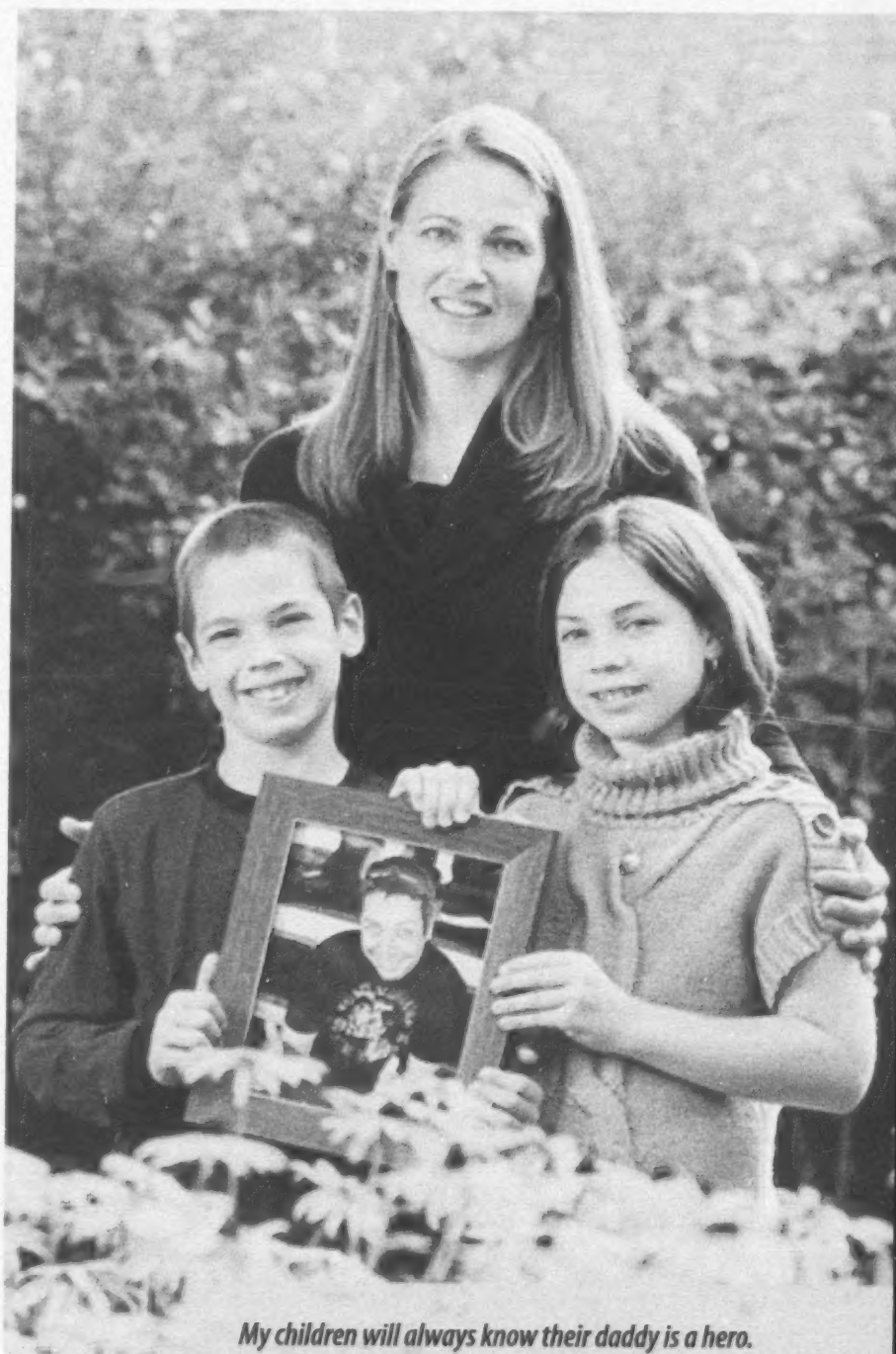
Bone donation decreased due to an increase in the number of cases declined by the tissue banks for medical unsuitability, but significant increases in heart valve and skin donations were achieved in 2014/15.

- Heart valve donation increased by 20 percent, from 46 donations in 2013/14 to 55 donations in 2014/15.
- Skin donation increased by 46 percent, from 26 donations in 2013/14 to 38 donations in 2014/15.

Facilitating multi-tissue recovery

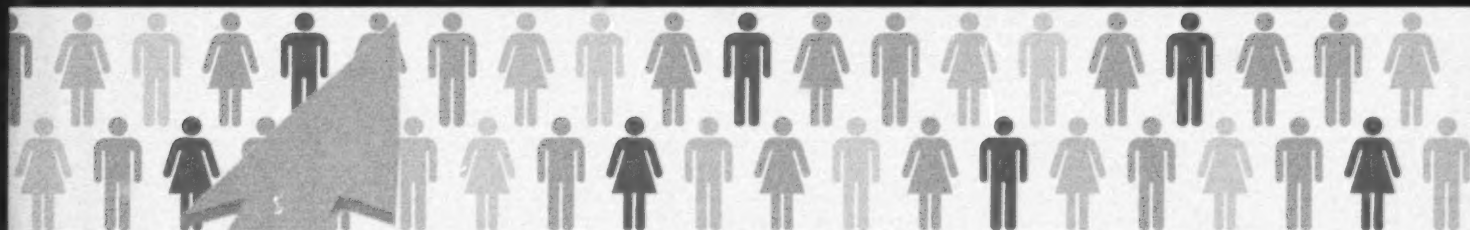
TGLN continued its work with the provincial tissue banks to build multi-tissue recovery teams to enhance the recovery of skin, bone and heart valves. To foster additional training opportunities, TGLN partnered with Upstate New York Transplant Services in Buffalo, New York. The staff at Lake Superior Centre for Regenerative Medicine completed their skin recovery training in the fall and are now an integral part of skin recovery expansion in Ontario.

To further maximize multi-tissue donation recoveries, TGLN partnered with the Ontario Forensic Pathology Service and Office of the Chief Coroner. Compliant with tissue banking standards, the Tissue Recovery Suite housed in the Coroner's building has allowed TGLN to facilitate multi-tissue recoveries when the donation involves the Coroner's office.



My children will always know their daddy is a hero.

Tissue Donor Family, Laura Shalton with her children Jack and Abby



Objective 4

Increase registered donors by 232,000 to 260,000.

In 2014/15, Trillium Gift of Life Network surpassed its target and increased registered donors by 274,120, to achieve a provincial registration rate of 27 percent. In the inner GTA, a key focus, the rate increased from 15 percent to 17 percent. In October 2014, TGLN announced that Ontario had reached a milestone three million registered donors.

Organ and tissue donor registration rates continue to increase in communities across the province, a symbol of Ontario's growing donation culture. Two years ago, when TGLN first started to report registration rates by community, there were no communities with registration rates over 50 percent. Now, there are six.⁵ There are no longer any communities with registration rates under 10 percent. The rising number of registered donors is positively influencing consent rates for organ and tissue donation.

Key strategic initiatives and targeted outreach activities contributed to Ontario's overall increase in registered donors.

Partnering with ServiceOntario

ServiceOntario centres are the largest source of donor registrations in the province and a critical partner for TGLN. Customer service representatives are ambassadors in the effort to save lives by offering the public an opportunity to register consent during in-centre Photo Health Card, Driver's License and Ontario Photo Card transactions, and by processing donor registration forms submitted by mail. In 2014/15, new initiatives helped support staff and encourage public consideration of organ and tissue donation in advance of visiting a ServiceOntario location:

- Provision of information about donor registration in all voluntary red and white health card renewal notices;
- Digital prompts to donor registration in all relevant ServiceOntario online services;
- A personalised letter to all 18 year olds in Ontario promoting organ donor registration;
- Introduction of a monthly *Organ and Tissue Donation Spirit Day*, highlighting the importance of donor registration at ServiceOntario centres; and
- Launch of a quarterly ServiceOntario staff newsletter to increase knowledge of organ and tissue donation and transplantation, and to recognize staff for their contribution to saving lives through donor registration.

Encouraging registration drives

Registration drives, initiated by individuals, groups and organizations, continue to increase awareness and facilitate organ and tissue donor registration. More than a dozen hospitals ran drives in 2014/15 and many hospitals now run annual drives, demonstrating sustained support for organ and tissue donation.

Other sectors—including government organizations and corporations such as Mattamy Homes, The Ontario Public Service (OPS), the Institute for Clinical Evaluative Sciences (ICES), Ontario Professional Fire Fighter's Association and Siemens Canada—organized registration drives for their employees or members. The OPS drive was the largest in 2014/15, garnering more than 3,000 visits to the online donor registry.

As of March 31, 2015, 370 organizational campaign pages have been created on BeADonor.ca, along with over 1,600 drives by individuals. These individual and

5. Ithely (55 percent), Garson (53 percent), Hanmer (53 percent), Val Caron (53 percent), Parry Sound (51 percent), North Bay (51 percent). Source: BeADonor.ca.

organizational campaign pages represent all regions of the province, from Windsor to Thunder Bay to Ottawa to Cornwall, and account for more than 425,000 visits to the registry.

Strengthening government relations

TGLN continued focused engagement in 2014/15 with Mayors and MPPs in the GTA.

To strengthen relationships and encourage advocacy, TGLN developed a program of regular updates on organ and tissue donation performance, including quarterly registration statistics and face-to-face meetings. In 2014/15, elected officials across the province demonstrated their support in official proclamations, household mailers and member statements in the provincial legislature. TGLN was also invited to share information with Federal MPs at an information session held on Parliament Hill.

Growing our social media presence through marketing and content creation

TGLN's marketing and social media strategies worked in tandem to build a solid base of core supporters of organ and tissue donation, as well as increase registrations.

In early December 2014, TGLN launched a digital marketing campaign to strengthen our social media following and encourage registration via BeADonor.ca. The campaign comprised a mix of online advertising and social media, using refreshed graphics to mobilize our current followers to promote organ and tissue donation and inspire the support of those less familiar with the cause.

Registration saves lives. Every year ServiceOntario records over 80 percent of all new donor registrations through in-person transactions and mailed in consent forms.

ServiceOntario Customer Service Representatives, Mississauga Location



The campaign generated over 150,000 visits to BeADonor.ca. Promoted posts on Facebook, which featured inspirational personal stories, as well as informative and educational content, reached over 2,000,000 people. Our Facebook page gained over 50,000 new followers, bringing its total to 85,000, and our Twitter page earned nearly 1,000 new supporters, bringing the total to 3,000. Specific Twitter engagement initiatives, such as MPP Twitter day and Influencer Twitter Day, also helped to build reach.



Pro-actively engaging traditional media

Earned media was an important focus for TGLN in 2014/15, primarily as a means to educate the public on the role of TGLN and build public trust in the ethics and fairness of the donation and transplantation system.

In 2014/15, an average of two stories appeared every day referencing TGLN or BeADonor.ca. These 850 print, broadcast and online articles had a potential reach of almost 140 million people.⁶

TGLN pro-actively engaged media through six media releases and three advisories focused on a diverse range of Trillium Gift of Life Network news, including:

- Reaching a milestone three million registered organ donors;
- Public reporting of routine notification and conversion rates;
- Physician registration rates for organ and tissue donation;
- Introduction of Regional Medical Leads across the province; and
- 2014 as a banner year for organ and tissue donation in Ontario.

Journalists regularly reached out to TGLN for interviews and comments throughout the year, on topics ranging from the young twin girls in need of liver transplants, transplant wait-list eligibility requirements, a report from the Canadian Institute for Health Information on the impact of missing potential donors, and National Organ and Tissue Donation Awareness Week and BeADonor month.

Reaching out to High School students

Now in its fifth year, in 2014/15 the high school outreach initiative made new strides with the development of a formal relationship with the Toronto District School Board (TDSB), opening doors to schools not yet reached by the program. Presentations were booked at 10 new Toronto schools, including the Ontario Science Centre Science School. Fifteen schools returned for a second or third year and many booked multiple presentations. In total, 60 presentations were completed in 26 schools for an audience of 3,340 students.

Presentations are delivered in partnership with donor family members or transplant recipients and the University of Toronto Transplant Institute (comprised of The Hospital for Sick Children, University Health Network and St. Michael's Hospital) to secondary schools primarily in the Toronto District School Board and Toronto Catholic District School Board, and also to private and independent schools and other GTA boards.

Working with community partners

Working with community partners, TGLN took advantage of many strategic opportunities to educate and register Ontarians.

- Renewing our partnership with the Council of Agencies Serving South Asians (CASSA) allowed for continued communication with South Asian faith-based organizations, youth groups, and senior citizen and settlement services. CASSA continues to initiate a positive shift in traditional attitudes towards organ and tissue donation within the Tamil, Punjabi and Hindu communities.
- In cooperation with Muslim community leaders, TGLN participated in three community events in 2014/15 with a combined attendance of over 10,000 people. Many of these initiatives have the

⁶ Monitoring provided by MediaMiser, using PressView Library, online, blog and broadcast modules. MediaMiser is a provider of media monitoring and analysis software and professional services.

potential to become annual partner events.

- A TGLN presence at public events organized by the Kidney Foundation of Canada, the Canadian Diabetes Association, the Heart and Stroke Foundation of Canada and Canadian Blood Services ensured organ and tissue donation messages were included in many high-profile initiatives (e.g. kidney walks across Ontario.)
- Multiple District A Lions Clubs, representing 389 Ontario clubs assigned designated representatives to promote organ and tissue donation to their 9,285 members, gaining the support of local and provincial government representatives. Lions promoted organ and tissue donation through public service radio announcements, community television interviews and public registration drives.



Sandi Johnston raises the BeADonor flag in Barrie, Ontario.

Empowering advocates

In 2014/15 TGLN encouraged the 21 volunteer-led organ and tissue donation advocate associations to engage more directly with the communities they serve, using our marketing and public information material and messaging which has been demonstrated to resonate and enlighten. Additionally, TGLN directly facilitated 244 events across the province, with the support of 67 volunteers and 45 speakers.

In March 2015, TGLN hosted the third annual Advocate Summit, attended by 145 transplant recipients, donor family members and interested community

partners from across Ontario. Organized around the theme—'Empowering Advocacy,' the conference highlighted best practices in community outreach and included a robust idea-sharing session, which served to invigorate and energize participants. For the first time, external organizations, including Volunteer Toronto, the Heart and Stroke Foundation, Canadian Diabetes Association and the Kidney Foundation of Canada, were invited to provide insights into how they manage grassroots advocacy and volunteerism in the health care environment.



Objective 5

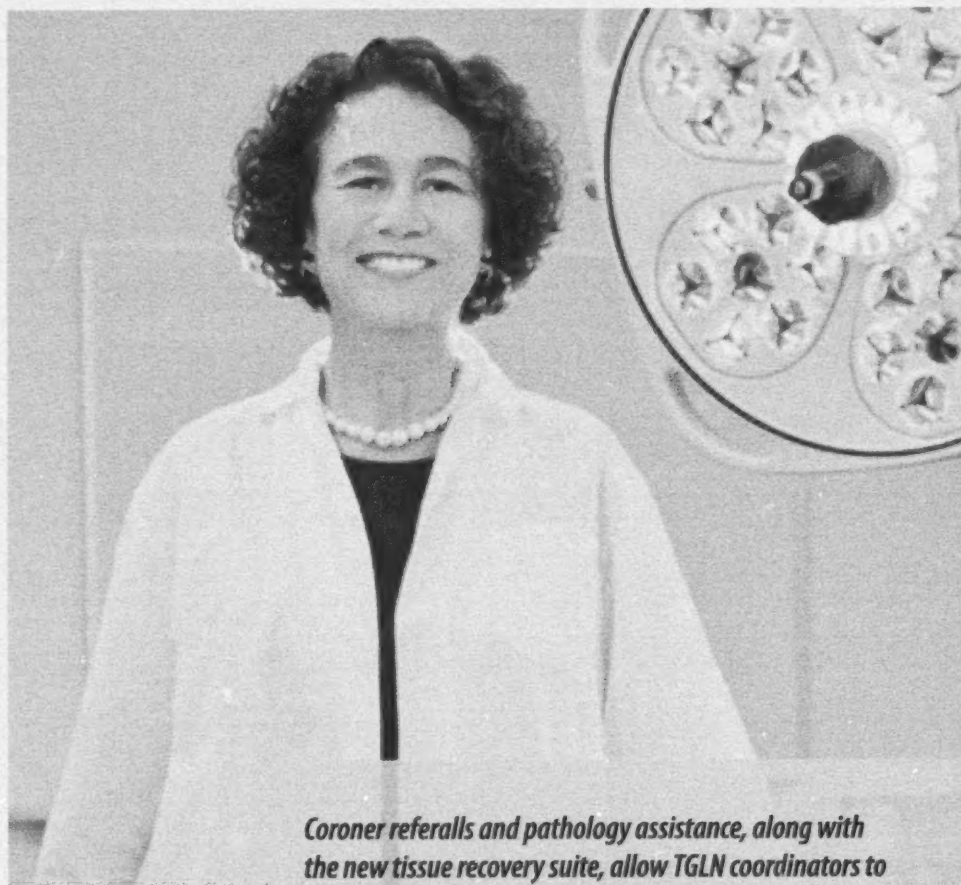
Enhance and sustain the Quality Management System (QMS) that supports continuous quality improvement and meeting of quality standards.

A focus on quality is key to increasing public trust and improving the performance of the organ and tissue donation and transplantation system. To that end, in 2014/15, TGLN routinely conducted chart assessments and audits to ensure that all donation process requirements meet the Health Canada Cells/Tissue/Organs (CTO) standard. Seven laboratory audits were conducted at facilities in Ottawa, Toronto and London, along with four recovery audits in hospitals in Ottawa, Hamilton and London. A new tissue audit process was implemented to ensure quick identification and resolution of process gaps.

Many process improvements in donation, developed in collaboration with partners, were also implemented in 2014/15:

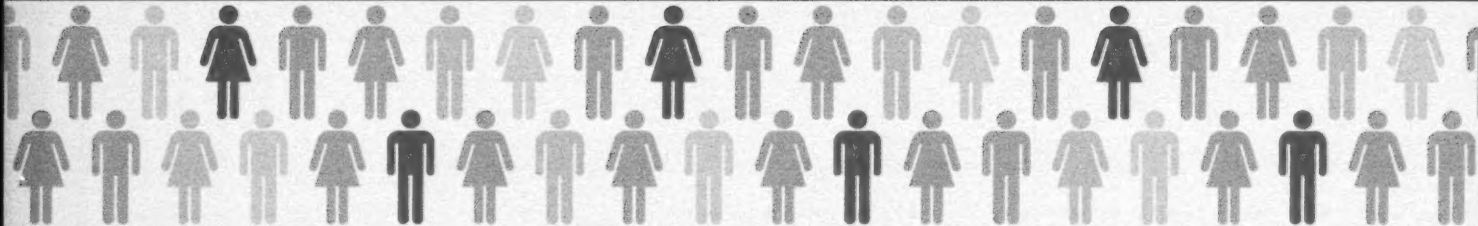
- New DCD rapid response process in response to concerns from families about the length of time required for donation.
- *Hospital Donation Case Follow-up Report* to streamline and standardize TGLN communication to hospitals following key donation outcomes, highlighting both successes and opportunities for improvement.

- *Coroner Permission Form* developed with the Office of the Chief Coroner to support consistent documentation to facilitate organ and tissue donation in cases investigated by a coroner, without compromising the death investigation or court proceedings arising from the death.



Coroner referrals and pathology assistance, along with the new tissue recovery suite, allow TGLN coordinators to arrange more multi-tissue donors.

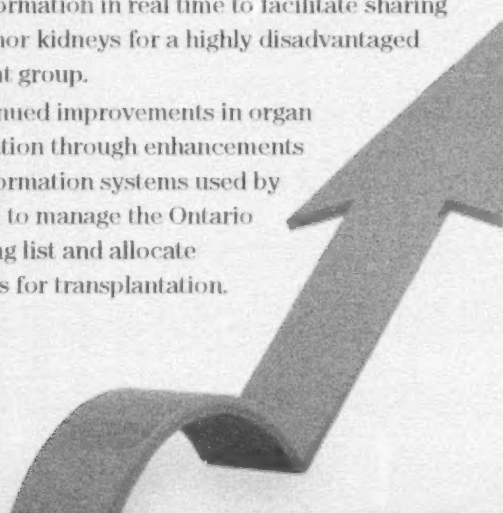
Dr. Toby Rose, Deputy Chief Forensic Pathologist



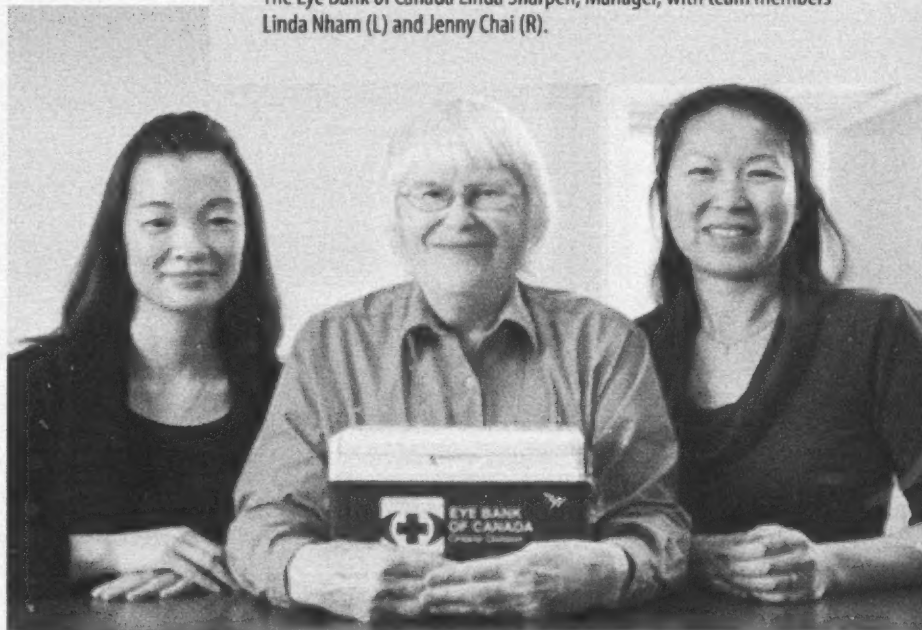
Objective 6

Improve Information Systems (IS) to support efficient operations and evidence-based decision making.

Information Systems (IS) are a key enabler for innovation, evidence-based decision making, improvement and efficiency at TGLN. Accomplishments in 2014/15 included IS enhancements or were IS-dependent, including:

- Implementation of the *Eye Banking Information System*, an extension of the TGLN donor management system, in collaboration with the Eye Bank of Canada to provide better data integration, reduce workload, enable auditing, performance monitoring and quicker decision making, as well as greater information security. The tissue request process has also been standardized and streamlined through a new tissue request application, which allows surgeons to request tissue electronically.
 - TGLN's participation in the National Highly Sensitized Patient (HSP) Registry was enabled through a web-based, automated, secure transfer of information in real time to facilitate sharing of donor kidneys for a highly disadvantaged patient group.
 - Continued improvements in organ allocation through enhancements to information systems used by TGLN to manage the Ontario waiting list and allocate organs for transplantation.
- 

The Eye Bank of Canada Linda Sharpen, Manager, with team members Linda Nham (L) and Jenny Chai (R).



- IS supported public reporting of hospital donation performance indicators, a key driver of improvement in donation, by facilitating secure exchange of data between the 50+ hospitals and TGLN, and automating the data review process to verify and ensure data quality.

In the coming year TGLN, in collaboration with its partners, will develop a multi-year plan to modernize its information technology. This will position TGLN to provide more robust data to improve patient outcomes and enhance the performance of the organ and tissue donation and transplantation system.



Objective 7

Recognize, reward and cultivate performance excellence.

An important factor in Ontario's success has been the unwavering commitment of TGLN staff, irrespective of role or responsibility, to ensure that every opportunity to save lives is pursued. Working collaboratively with stakeholders, TGLN staff are

focused on serving transplant patients and ensuring that Ontarians are given the opportunity to make a life-saving choice.

TGLN staff participate in the Heart and Stroke Foundation 'Big Bike'.



Through improvements in human resources policies and processes, including recruitment, performance management, compensation and education and training, TGLN continued to strengthen staff alignment with the organization's objectives.

To continue to improve donation consent rates, TGLN engaged Caliper Canada to determine characteristics of those staff who are highly successful in obtaining family consent for organ and tissue donation. The results have aided recruitment decisions, as well as education, development and support needs, to nurture performance excellence for staff. Organization-wide, a results-driven culture and team work is encouraged and supported. In the coming year, TGLN will develop a more robust set of competencies for staff to deepen performance excellence.



When I was seven I was diagnosed with dilated cardiomyopathy. I went from a very healthy little girl who went to school every day, to a very sick one who was frequently in and out of hospital.

After only four months on the waiting list, I received my new heart.

I was given the gift of life.

I was given a second chance at life.

Today I make sure to live life to the fullest and honour my donor in every way I can.

One way I do this is by attending the World and Canadian Transplant Games. I have traveled across the World and Canada representing my province and country thanks to my donor, and I cannot wait to do so again in 2016 when the Canadian Transplant Games will be held in Toronto.

As youth liaison for the Ontario board, I'm looking forward to working with the youth recipients and their families. I think it is important to show the world exactly what we, transplant recipients, can do.

The games are a great way to promote organ donation and honour donor families.

I think that together, we can show people the life we have after transplant and hopefully there will be a day where more people like me can share their story.

**Devan Cruickshanks,
Heart Transplant Recipient**

Appendix I – Tables and Figures

Table 1

Tissue Donation by Tissue Type

<i>Tissue Donation</i>	<i>FY 2014/15</i>	<i>FY 2013/14</i>	<i>FY 2012/13</i>
Tissue Donors	1,953	1,949	1,635
Ocular Donors	1,913	1,915	1,604
Skin Donations	38	26	39
Heart Valve Donations	55	46	75
Bone Donations	108	143	127

Table 2

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2014/15

<i>Hospital</i>	<i>Routine Notification Rate*</i>	<i>Conversion Rate for Organ Donors</i>	<i>Organ Donors</i>	<i>Tissue Donors</i>
Greater Toronto Region	94%	49%	116	803
Halton Healthcare Services	87%	38%	3	36
Humber River Hospital	91%	17%	2	18
Joseph Brant Hospital	97%	13%	1	8
Lakeridge Health	98%	58%	7	122
Mackenzie Health	94%	44%	4	20
Markham Stouffville Hospital	92%	43%	3	18
Mount Sinai Hospital	96%	50%	1	7
North York General Hospital	94%	43%	3	26
Rouge Valley Health System	96%	67%	8	44
Southlake Regional Health Centre	96%	57%	4	60
St. Joseph's Health Centre	92%	33%	2	15
St. Michael's Hospital	89%	84%	21	41
Sunnybrook Health Sciences Centre	86%	81%	17	67
The Hospital for Sick Children	95%	22%	2	9
The Scarborough Hospital	96%	29%	2	32
Toronto East General Hospital	79%	9%	1	39
Trillium Health Partners	99%	36%	13	104
University Health Network	98%	50%	10	88
William Osler Health System	97%	63%	12	49
Simcoe Muskoka Region	95%	82%	9	100
Collingwood General and Marine Hospital	92%	0%	0	7
Georgian Bay General Hospital	99%	–	0	13
Muskoka Algonquin Healthcare	84%	–	0	15
Orillia Soldiers' Memorial Hospital	96%	80%	4	20
Royal Victoria Regional Health Centre	99%	100%	5	45

*Both organ and tissue

Continued on page 25

Appendix I – Tables and Figures

Table 2 (Continued from page 24)

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2014/15

<i>Hospital</i>	<i>Routine Notification Rate*</i>	<i>Conversion Rate for Organ Donors</i>	<i>Organ Donors</i>	<i>Tissue Donors</i>
Eastern Region	91%	73%	43	312
Brockville General Hospital	–	–	0	7
Children's Hospital of Eastern Ontario	100%	83%	5	4
Cornwall Community Hospital	91%	50%	1	12
Hôpital Montfort	69%	100%	1	3
Kingston General Hospital	99%	63%	12	78
Northumberland Hills Hospital — Cobourg	–	–	0	6
Pembroke Regional Hospital	98%	–	0	6
Peterborough Regional Health Centre	87%	75%	6	54
Queensway Carleton Hospital	85%	0%	0	22
Quinte Health Care	–	–	2	18
Ross Memorial Hospital	–	–	0	6
The Ottawa Hospital	91%	84%	16	89
University of Ottawa Heart Institute	100%	–	0	7
Northern Region	95%	68%	19	130
Health Sciences North	98%	91%	10	65
North Bay Regional Health Centre	96%	67%	2	26
Sault Area Hospital	87%	67%	2	2
Thunder Bay Regional Health Sciences Centre	94%	44%	4	20
Timmins and District Hospital	94%	50%	1	17
Southwestern Region	94%	54%	84	556
Bluewater Health	95%	50%	1	17
Brant Community Healthcare System	82%	0%	0	21
Cambridge Memorial Hospital	93%	0%	0	18
Chatham-Kent Health Alliance	92%	0%	0	22
Grand River Hospital	91%	60%	9	49
Grey Bruce Health Services	98%	0%	0	5
Guelph General Hospital	99%	75%	3	15
Hamilton Health Sciences	96%	70%	28	87
Huron Perth Health Alliance	97%	0%	0	5
London Health Sciences Centre	93%	59%	23	97
Niagara Health System	97%	70%	7	102
St. Joseph Healthcare Hamilton	95%	33%	3	23
St. Mary's General Hospital	96%	25%	2	24
St. Thomas-Elgin General Hospital	85%	0%	0	13
Windsor Regional Hospital	94%	62%	8	45
Woodstock Hospital	95%	–	0	13
Others	–	–	0	52
Others	–	–	0	52
TOTAL	94%	55%	271	1,953

Appendix I – Tables and Figures

Table 3

Organ Donation Performance Indicator Results (Tier 1 Hospitals)

Performance Indicator	FY 2014/15	FY 2013/14	FY 2012/13
Potential Organ Donors	350	324	354
Organ Donors	217	187	213
Conversion Rate	62%	58%	60%

Table 4

Organ Donors from Ontario and Out-of-Province

Type of Donor	FY 2014/15	FY 2013/14	FY 2012/13
Deceased Donors from Ontario	271	223	247
NDD Donors from Ontario	202	170	189
DCD Donors from Ontario	69	53	58
Living Donors from Ontario	278	252	266
All Ontario Donors	549	475	513
Deceased Donors from Other Canadian Provinces	61	57	48
Deceased Donors from the United States	18	10	10
All Out-of-Province Donors	79	67	58

Definitions

NDD: Neurological determination of death DCD: Donations after cardiac death

Table 5

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	2014/15			2013/14			2012/13		
	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total
Heart	68	0	68	55	0	55	56	0	56
Kidney	330	113	443	276	83	359	303	103	406
Liver	176	27	203	144	23	167	162	14	176
Lung	142	30	172	132	28	160	123	20	143
Pancreas — Islets	22	0	22	33	0	33	56	0	56
Pancreas — Whole	42	8	50	31	6	37	34	3	37
Small Bowel	2	0	2	0	0	0	2	0	2
Total	782	178	960	671	140	811	736	140	876

NOTE: Organs are counted as in calculation of organ yield.

Appendix I – Tables and Figures

Table 6

Organ Transplant Yield per Deceased Donor in Ontario

<i>Donor Type</i>	<i>2014/15</i>		<i>2013/14</i>		<i>2012/13</i>	
	<i>Number of Donors</i>	<i>Organ Yield</i>	<i>Number of Donors</i>	<i>Organ Yield</i>	<i>Number of Donors</i>	<i>Organ Yield</i>
DCD	69	2.58	53	2.64	58	2.40
NDD	202	3.87	170	3.95	189	3.90
Total	271	3.54	223	3.64	247	3.55

Organ Utilization			
<i>Organ Type</i>	<i>2014/15</i>	<i>2013/14</i>	<i>2012/13</i>
Heart	0.25	0.25	0.23
Kidney	0.82	0.80	0.82
Liver	0.73	0.74	0.69
Lung	0.32	0.36	0.29
Pancreas — Islets	0.08	0.15	0.23
Pancreas — Whole	0.18	0.17	0.15
Small Bowel	0.01	0.00	0.01

Table 7

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

<i>Organ/s Transplanted</i>	<i>2014/15</i>	<i>2013/14</i>	<i>2012/13</i>
Kidney from Deceased Donors	383	310	366
Kidney from Living Donors	213	199	209
Liver from Deceased Donors	194	160	175
Liver from Living Donors	65	53	57
Heart	78	70	70
Lung	125	124	101
Pancreas	17	13	16
Small Bowel	1	0	1
Kidney/Pancreas	37	28	25
Heart/Lung	2	0	0
Liver/Kidney	13	5	5
Liver/Heart	0	0	0
Liver/Bowel	1	0	2
Liver/Lung	0	1	2
Liver/Pancreas	0	0	0
Total	1,129	963	1,029

Appendix I – Tables and Figures

Table 8

Waiting List for Organ Transplants

<i>Organ</i>	<i>March 31, 2015</i>	<i>March 31, 2014</i>	<i>March 31, 2013</i>
Kidney	1,108	1,062	1,031
Liver	239	237	195
Heart	65	67	79
Lung	87	81	79
Pancreas	15	18	23
Small Bowel	2	2	1
Kidney/Pancreas	55	54	53
Heart/Lung	1	2	6
Total	1,572	1,523	1,467

Table 9

Deceased Organ Donation Funding to Hospitals (April 1, 2014–March 31, 2015)

<i>Corporation</i>	<i>Phase 1</i>		<i>Phase 2</i>		<i>Phase 3</i>		<i>Total Amount</i>
	<i># of Cases</i>	<i>Amount</i>	<i># of Cases</i>	<i>Amount</i>	<i># of Cases</i>	<i>Amount</i>	
Tier 1	676	\$540,800	369	\$756,450	258	\$812,700	\$2,109,950
Children's Hospital of Eastern Ontario	6	\$4,800	5	\$10,250	5	\$15,750	\$30,800
Children's Hospital of Eastern Ontario	6	\$4,800	5	\$10,250	5	\$15,750	\$30,800
Grand River Hospital	15	\$12,000	11	\$22,550	9	\$28,350	\$62,900
Grand River Hospital — Kitchener	15	\$12,000	11	\$22,550	9	\$28,350	\$62,900
Hamilton Health Sciences	80	\$64,000	45	\$92,250	33	\$103,950	\$260,200
Hamilton General Hospital	68	\$54,400	37	\$75,850	26	\$81,900	\$212,150
McMaster Children's — Hamilton	6	\$4,800	5	\$10,250	5	\$15,750	\$30,800
Juravinski Hospital — Hamilton	6	\$4,800	3	\$6,150	2	\$6,300	\$17,250
Health Sciences North	43	\$34,400	18	\$36,900	12	\$37,800	\$109,100
Health Sciences North	43	\$34,400	18	\$36,900	12	\$37,800	\$109,100
Kingston General Hospital	48	\$38,400	29	\$59,450	16	\$50,400	\$148,250
Kingston General Hospital	48	\$38,400	29	\$59,450	16	\$50,400	\$148,250
Lakeridge Health	19	\$15,200	10	\$20,500	7	\$22,050	\$57,750
Lakeridge Health — Oshawa	17	\$13,600	9	\$18,450	7	\$22,050	\$54,100
Lakeridge Health — Bowmanville	2	\$1,600	1	\$2,050	0	\$0	\$3,650
London Health Sciences Centre	81	\$64,800	41	\$84,050	25	\$78,750	\$227,600
Children's Hospital of Western Ontario	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
London — University Hospital	40	\$32,000	21	\$43,050	12	\$37,800	\$112,850
London — Victoria Hospital	38	\$30,400	19	\$38,950	12	\$37,800	\$107,150

Continued on page 29

Appendix I – Tables and Figures

Table 9 (Continued from page 28)

Deceased Organ Donation Funding to Hospitals (April 1, 2014–March 31, 2015)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	
Mackenzie Health	13	\$10,400	4	\$8,200	4	\$12,600	\$31,200
Mackenzie Richmond Hill (aka YCH)	13	\$10,400	4	\$8,200	4	\$12,600	\$31,200
Niagara Health System	15	\$12,000	10	\$20,500	8	\$25,200	\$57,700
Greater Niagara General	6	\$4,800	2	\$4,100	1	\$3,150	\$12,050
St. Catharines General	9	\$7,200	8	\$16,400	7	\$22,050	\$45,650
Royal Victoria Regional Health Centre	14	\$11,200	7	\$14,350	5	\$15,750	\$41,300
Royal Victoria Hospital — Barrie	14	\$11,200	7	\$14,350	5	\$15,750	\$41,300
St. Mary's General Hospital	15	\$12,000	7	\$14,350	4	\$12,600	\$38,950
St. Mary's General Hospital — Kitchener	15	\$12,000	7	\$14,350	4	\$12,600	\$38,950
St. Michael's Hospital	54	\$43,200	33	\$67,650	27	\$85,050	\$195,900
St. Michael's Hospital	54	\$43,200	33	\$67,650	27	\$85,050	\$195,900
Sunnybrook Health Sciences Centre	36	\$28,800	21	\$43,050	17	\$53,550	\$125,400
Sunnybrook Health Sciences Centre	36	\$28,800	21	\$43,050	17	\$53,550	\$125,400
The Hospital for Sick Children	24	\$19,200	12	\$24,600	5	\$15,750	\$59,550
The Hospital for Sick Kids	24	\$19,200	12	\$24,600	5	\$15,750	\$59,550
The Ottawa Hospital	41	\$32,800	26	\$53,300	19	\$59,850	\$145,950
Ottawa Hospital — Civic	36	\$28,800	23	\$47,150	17	\$53,550	\$129,500
Ottawa Hospital — General	5	\$4,000	3	\$6,150	2	\$6,300	\$16,450
The Scarborough Hospital	10	\$8,000	3	\$6,150	3	\$9,450	\$23,600
Scarborough Birchmount	3	\$2,400	0	\$0	0	\$0	\$2,400
Scarborough General	7	\$5,600	3	\$6,150	3	\$9,450	\$21,200
Thunder Bay Regional Health Sciences Centre	20	\$16,000	10	\$20,500	4	\$12,600	\$49,100
Thunder Bay Regional	20	\$16,000	10	\$20,500	4	\$12,600	\$49,100
Trillium Health Partners	36	\$28,800	17	\$34,850	15	\$47,250	\$110,900
Trillium Health Partners — Credit Valley Hospital	12	\$9,600	7	\$14,350	6	\$18,900	\$42,850
Trillium Health Partners — Mississauga Hospital	24	\$19,200	10	\$20,500	9	\$28,350	\$68,050
University Health Network	30	\$24,000	13	\$26,650	10	\$31,500	\$82,150
Toronto General Hospital	5	\$4,000	2	\$4,100	1	\$3,150	\$11,250
Toronto Western Hospital	25	\$20,000	11	\$22,550	9	\$28,350	\$70,900
William Osler Health System	49	\$39,200	32	\$65,600	21	\$66,150	\$170,950
William Osler — Brampton	35	\$28,000	21	\$43,050	14	\$44,100	\$115,150
William Osler — Etobicoke	14	\$11,200	11	\$22,550	7	\$22,050	\$55,800
Windsor Regional Hospital	27	\$21,600	15	\$30,750	9	\$28,350	\$80,700
Windsor Regional Hospital — Metropolitan Campus	5	\$4,000	3	\$6,150	1	\$3,150	\$13,300
Windsor Regional Hospital — Ouellette Campus	22	\$17,600	12	\$24,600	8	\$25,200	\$67,400

Continued on page 30

Appendix I – Tables and Figures

Table 9 (Continued from page 29)

Deceased Organ Donation Funding to Hospitals (April 1, 2014–March 31, 2015)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	
Non-Tier	200	\$160,000	102	\$209,100	61	\$192,150	\$561,250
Bluewater Health	6	\$4,800	4	\$8,200	1	\$3,150	\$16,150
Bluewater Health — Sarnia/Norman Site	6	\$4,800	4	\$8,200	1	\$3,150	\$16,150
Brantford Community Healthcare System	2	\$1,600	0	\$0	0	\$0	\$1,600
Brantford General Hospital	2	\$1,600	0	\$0	0	\$0	\$1,600
Brockville General Hospital	1	\$800	0	\$0	0	\$0	\$800
Brockville General Hospital	1	\$800	0	\$0	0	\$0	\$800
Cambridge Memorial Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Cambridge Memorial Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Chatham-Kent Health Alliance	2	\$1,600	0	\$0	0	\$0	\$1,600
Chatham Kent Health Alliance	2	\$1,600	0	\$0	0	\$0	\$1,600
Collingwood General & Marine Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Collingwood General & Marine Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Cornwall Community Hospital	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
Cornwall Community Hospital	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
Grey Bruce Health Services	3	\$2,400	1	\$2,050	0	\$0	\$4,450
Grey Bruce Health Services — Owen Sound Hospital	3	\$2,400	1	\$2,050	0	\$0	\$4,450
Guelph General Hospital	6	\$4,800	3	\$6,150	3	\$9,450	\$20,400
Guelph General Hospital	6	\$4,800	3	\$6,150	3	\$9,450	\$20,400
Halton Healthcare Services	8	\$6,400	4	\$8,200	3	\$9,450	\$24,050
Oakville Trafalgar Memorial	5	\$4,000	3	\$6,150	2	\$6,300	\$16,450
Milton District Hospital	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
Headwaters Health Care Centre	1	\$800	0	\$0	0	\$0	\$800
Headwaters Health Care Centre	1	\$800	0	\$0	0	\$0	\$800
Hôpital Montfort	3	\$2,400	3	\$6,150	1	\$3,150	\$11,700
Hôpital Montfort	3	\$2,400	3	\$6,150	1	\$3,150	\$11,700
Humber River Hospital	11	\$8,800	4	\$8,200	4	\$12,600	\$29,600
Humber River Hospital — Church Site	5	\$4,000	2	\$4,100	2	\$6,300	\$14,400
Humber River Hospital — Finch Site	6	\$4,800	2	\$4,100	2	\$6,300	\$15,200
Joseph Brant Hospital	6	\$4,800	5	\$10,250	1	\$3,150	\$18,200
Joseph Brant Hospital	6	\$4,800	5	\$10,250	1	\$3,150	\$18,200
Markham Stouffville Hospital	8	\$6,400	4	\$8,200	3	\$9,450	\$24,050
Markham Stouffville Hospital	8	\$6,400	4	\$8,200	3	\$9,450	\$24,050
Mount Sinai Hospital	3	\$2,400	2	\$4,100	1	\$3,150	\$9,650
Mount Sinai Hospital	3	\$2,400	2	\$4,100	1	\$3,150	\$9,650

Continued on page 31

Appendix I – Tables and Figures

Table 9 (Continued from page 30)

Deceased Organ Donation Funding to Hospitals (April 1, 2014–March 31, 2015)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	
Norfolk General Hospital	1	\$800	0	\$0	0	\$0	\$800
Norfolk General Hospital	1	\$800	0	\$0	0	\$0	\$800
North Bay Regional Health Centre	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
North Bay Regional Health Centre	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
North York General Hospital	13	\$10,400	5	\$10,250	2	\$6,300	\$26,950
North York General Hospital	13	\$10,400	5	\$10,250	2	\$6,300	\$26,950
Northumberland Hills Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Northumberland Hills Hospital — Cobourg	1	\$800	1	\$2,050	0	\$0	\$2,850
Orillia Soldiers' Memorial Hospital	6	\$4,800	4	\$8,200	4	\$12,600	\$25,600
Soldiers' Memorial Hospital	6	\$4,800	4	\$8,200	4	\$12,600	\$25,600
Peterborough Regional Health Centre	15	\$12,000	11	\$22,550	7	\$22,050	\$56,600
Peterborough Regional Health Centre	15	\$12,000	11	\$22,550	7	\$22,050	\$56,600
Queensway Carleton Hospital	10	\$8,000	2	\$4,100	1	\$3,150	\$15,250
Queensway Carleton Hospital	10	\$8,000	2	\$4,100	1	\$3,150	\$15,250
Quinte Healthcare	4	\$3,200	2	\$4,100	2	\$6,300	\$13,600
Belleville General Hospital	4	\$3,200	2	\$4,100	2	\$6,300	\$13,600
Rouge Valley Health System	17	\$13,600	11	\$22,550	9	\$28,350	\$64,500
Rouge Valley Ajax	9	\$7,200	7	\$14,350	6	\$18,900	\$40,450
Rouge Valley Centenary	8	\$6,400	4	\$8,200	3	\$9,450	\$24,050
Sault Area Hospital	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
Sault Ste. Marie General	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
Southlake Regional Health Centre	15	\$12,000	7	\$14,350	4	\$12,600	\$38,950
Southlake Regional Health Centre	15	\$12,000	7	\$14,350	4	\$12,600	\$38,950
St. Joseph's Health Centre	8	\$6,400	3	\$6,150	2	\$6,300	\$18,850
St. Joseph's Health Centre — Toronto	8	\$6,400	3	\$6,150	2	\$6,300	\$18,850
St. Joseph's Healthcare	7	\$5,600	7	\$14,350	4	\$12,600	\$32,550
St. Joseph's Healthcare — Hamilton	7	\$5,600	7	\$14,350	4	\$12,600	\$32,550
Timmins & District Hospital	2	\$1,600	1	\$2,050	1	\$3,150	\$6,800
Timmins & District Hospital	2	\$1,600	1	\$2,050	1	\$3,150	\$6,800
Toronto East General Hospital	11	\$8,800	7	\$14,350	1	\$3,150	\$26,300
Toronto East General Hospital	11	\$8,800	7	\$14,350	1	\$3,150	\$26,300
University of Ottawa Heart Institute	16	\$12,800	3	\$6,150	0	\$0	\$18,950
Ottawa Heart Institute	16	\$12,800	3	\$6,150	0	\$0	\$18,950
Woodstock Hospital	3	\$2,400	0	\$0	0	\$0	\$2,400
Woodstock General Hospital	3	\$2,400	0	\$0	0	\$0	\$2,400
Grand Total	876	\$700,800	471	\$965,550	319	\$1,004,850	\$2,671,200

Appendix I – Tables and Figures

Figure 1

Percent of Registered Donors (Among 16+ Health Card Holders)

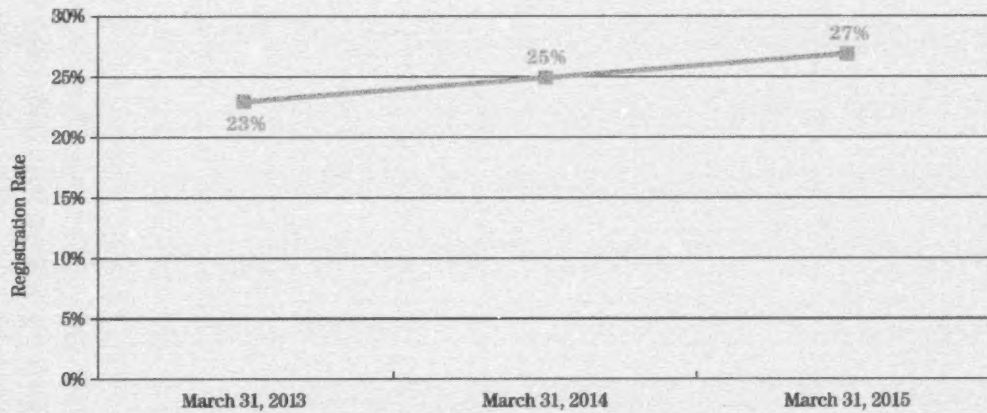
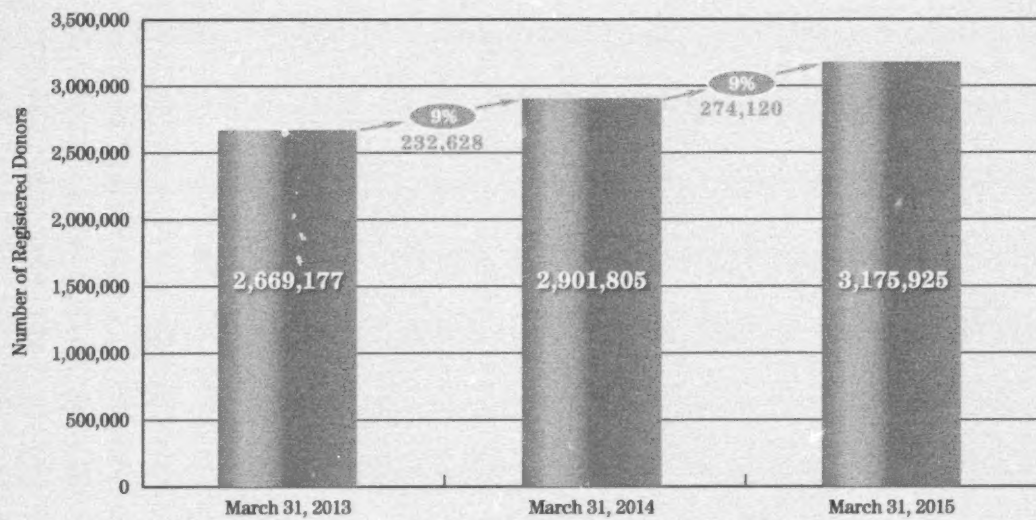


Figure 2

Growth in Registered Donors



Appendix II – Board of Directors

Board of Directors	Tenure	Re-Appointed	Term Expires
Rabbi Dr. Reuven P. Bulka (Chair)*	December 1, 2004 to May 31, 2016	June 1, 2013	June 1, 2016
Diane Craig	December 8, 2004 to December 7, 2016	December 8, 2013	December 8, 2016
Christine Clark Lafleur	September 3, 2008 to September 2, 2015	September 3, 2012	September 3, 2015
Dr. Kenneth Pritzker	March 3, 2010 to March 2, 2017	March 3, 2014	March 3, 2017
Karen Belaire	January 4, 2011 to January 3, 2017	January 4, 2014	January 4, 2017
Dr. Vivek Rao	November 14, 2012 to November 13, 2016	November 14, 2013	November 14, 2016
Grant Hagerty	November 14, 2012 to November 13, 2016	November 14, 2013	November 14, 2016
James Martin Ritchie	January 9, 2013 to January 8, 2017	January 9, 2014	January 9, 2017
Ross Parry	August 28, 2013 to August 27, 2016	N/A	August 28, 2016
Paulina Mirsky	September 8, 2014 to September 7, 2017	N/A	September 8, 2017
Cherie Brant	December 10, 2014 to December 9, 2017	N/A	December 10, 2017
Dr. Gianni Maistrelli	December 10, 2014 to December 9, 2017	N/A	December 10, 2017

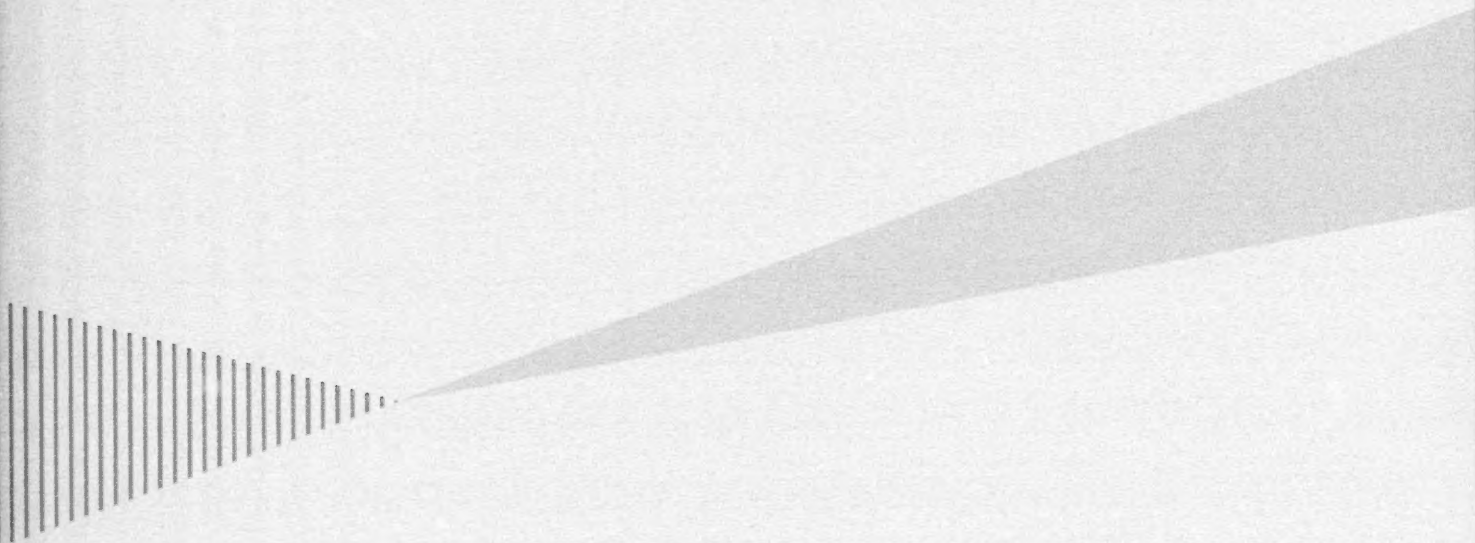
*Designated as Chair on June 5, 2007

Appendix III – Management Group

Ronnie Gavsie	President and Chief Executive Officer	Jonathan Chui	Manager, Informatics
Dr. Sonny Dhanani.....	Chief Medical Officer, Donation	Mary Ellen Armstrong	Manager, Communications
Dr. Jeffrey Zaltzman	Chief Medical Officer, Transplant	Dan Tsujiuchi.....	Manager, Finance
Versha Prakash.....	Vice President, Operations	Shoshana Klein	Manager, Human Resources
Janet MacLean.....	Vice President, Clinical Affairs	Rob Sanderson.....	Manager, Hospital Programs
Julie Trpkovski	Vice President, Transplant	Christine Humphreys.....	Manager, PRC – Tissue
Dr. Andrew Healey	Regional Donation Medical Lead	Victoria Leist	Manager, PRC – Organ
Dr. Karim Soliman	Regional Donation Medical Lead		
Dr. Ian Ball.....	Regional Donation Medical Lead		
Dr. Eli Malus	Regional Donation Medical Lead		
Dr. Michael Hartwick.....	Regional Donation Medical Lead		
Keith Wong	Co-Director, Information Systems		
Kulbir Bal	Co-Director, Information Systems		
Tanya-Lisa Elston.....	Director, Communications		
Tony Nacev.....	Director, Finance, HR and Administration		
Karen Johnson.....	Director, Hospital Programs and Family Services		
Clare Payne	Director, Provincial Resource Centre		
Janice Beitel.....	Director, Hospital Programs, Education and Professional Practice		
John Hanright	Director, Quality Assurance		
Anne-Marie Graham	Director, Tissue		
Sharon Ramagnano	Director, Policy, Education and Professional Practice		
John Lohrenz.....	Director, Performance Management and Evaluation, Transplant		

Financial Statements

Trillium Gift of Life Network
March 31, 2015



Building a better
working world

INDEPENDENT AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statement of financial position as at March 31, 2015 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.



A member firm of Ernst & Young Global Limited

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Toronto, Canada
June 22, 2015

Ernst + Young LLP

Chartered Professional Accountants
Licensed Public Accountants

Trillium Gift of Life Network

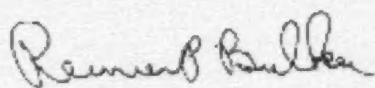
STATEMENT OF FINANCIAL POSITION

As at March 31

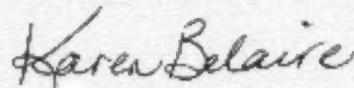
	2015 \$	2014 \$
ASSETS		
Current		
Cash and cash equivalents	5,462,466	6,283,054
HST recoverable	632,407	630,177
Other receivables [note 4]	3,235,285	6,085
Prepaid expenses	161,482	186,190
Total current assets	9,491,640	7,105,506
Capital assets, net [note 3]	795,591	1,149,827
Total assets	10,287,231	8,255,333
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	6,796,790	5,443,851
Deferred contributions [note 4]	1,741,806	990,388
Total current liabilities	8,538,596	6,434,239
Deferred funding for capital assets [note 5]	679,957	900,324
Total liabilities	9,218,553	7,334,563
Commitments [note 9]		
Net assets		
Unrestricted	549,977	488,053
Board restricted [note 6]	518,701	432,717
Total net assets	1,068,678	920,770
	10,287,231	8,255,333

See accompanying notes

On behalf of the Board:



Director



Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2015 \$	2014 \$
REVENUE		
Ontario Ministry of Health and Long-Term Care <i>[note 4]</i>		
Operations	27,085,997	23,419,839
Transportation Services to Support Organ & Tissue Donation Managed Fund	2,714,535	2,526,188
Deceased Organ Donation Managed Fund	2,272,900	2,205,625
Regenmed Managed Fund	787,603	559,438
PRELOD Managed Fund	216,688	150,983
TPER Managed Fund	219,447	212,294
Amortization of deferred funding for capital assets <i>[note 5]</i>	447,278	331,621
Interest income	61,924	79,547
Donations <i>[note 6]</i>	92,714	126,684
	33,899,086	29,612,219
EXPENSES		
Salaries and employee benefits <i>[note 7]</i>	17,794,068	15,590,323
Communications	2,694,351	2,742,819
General and administrative	1,436,523	1,582,958
Medical supplies and testing	2,247,432	1,523,778
Information systems	1,276,459	1,170,329
Office rent and maintenance	1,043,615	649,180
Amortization of capital assets	586,202	492,073
Community projects <i>[note 6]</i>	6,730	39,523
Deceased Organ Donation Managed Fund	2,727,525	2,205,625
Transportation Services to Support Organ & Tissue Donation Managed Fund	2,714,535	2,526,188
Regenmed Managed Fund	787,603	559,438
PRELOD Managed Fund	216,688	150,983
TPER Managed Fund	219,447	212,294
	33,751,178	29,445,511
Excess of revenue over expenses for the year	147,908	166,708

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31

	2015		
	Unrestricted	Board	Total
	\$	restricted	\$
	\$	\$	\$
Net assets, beginning of year	488,053	432,717	920,770
Excess of revenue over expenses for the year	147,908	—	147,908
Interfund transfers, net [note 6]	(85,984)	85,984	—
Net assets, end of year	549,977	518,701	1,068,678

	2014		
	Unrestricted	Board	Total
	\$	restricted	\$
	\$	\$	\$
Net assets, beginning of year	408,506	345,556	754,062
Excess of revenue over expenses for the year	166,708	—	166,708
Interfund transfers, net [note 6]	(87,161)	87,161	—
Net assets, end of year	488,053	432,717	920,770

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2015 \$	2014 \$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	147,908	166,708
Add (deduct) items not involving cash		
Amortization of capital assets	586,202	492,073
Amortization of deferred funding for capital assets	(447,278)	(331,621)
	286,832	327,160
Changes in non-cash working capital balances related to operations		
HST recoverable	(2,230)	29,139
Other receivables	(3,229,200)	(725)
Prepaid expenses	24,708	6,515
Accounts payable and accrued liabilities	1,352,939	(641,736)
Deferred contributions	978,329	(89,008)
Cash used in operating activities	(588,622)	(368,655)
CAPITAL ACTIVITIES		
Acquisition of capital assets	(231,966)	(391,565)
Cash used in investing activities	(231,966)	(391,565)
Net decrease in cash and cash equivalents during the year	(820,588)	(760,220)
Cash and cash equivalents, beginning of year	6,283,054	7,043,274
Cash and cash equivalents, end of year	5,462,466	6,283,054

See accompanying notes

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2015

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002 to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a registered charity under the Income Tax Act (Canada), the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with the Public Sector ["PS"] Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include Sections PS 4200 to PS 4270. The significant accounting policies followed in the preparation of these financial statements are summarized below:

Revenue recognition

The Network follows the deferral method of accounting for contributions, which include grants and donations. Grants are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Donations are recorded when received since pledges are not legally enforceable claims. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at the date of purchase.

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2015

Financial instruments

Financial instruments, including HST recoverable, other receivables and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Computer software	3 - 5 years
Computer hardware	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed on an accrual basis.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2015

3. CAPITAL ASSETS

Capital assets consist of the following:

	2015		
	Cost	Accumulated	Net book
	\$	amortization	value
	\$	\$	\$
Furniture and equipment	848,773	701,721	147,052
Leasehold improvements	887,560	767,000	120,560
Computer software	1,613,206	1,321,412	291,794
Computer hardware	1,223,043	986,858	236,185
	4,572,582	3,776,991	795,591

	2014		
	Cost	Accumulated	Net book
	\$	amortization	value
	\$	\$	\$
Furniture and equipment	802,909	591,832	211,077
Leasehold improvements	887,560	644,222	243,338
Computer software	1,530,042	1,173,310	356,732
Computer hardware	1,120,105	781,425	338,680
	4,340,616	3,190,789	1,149,827

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2015

4. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	2015 \$	2014 \$
Balance, beginning of year	990,388	1,285,950
Contributions received	31,046,300	30,105,700
Accrued revenue for fiscal 2015 funding received in April included in other receivables	3,229,200	—
Amount recognized as revenue	(33,297,171)	(29,015,054)
Amount transferred to deferred capital contributions [note 5]	(226,911)	(206,554)
Amount transferred from accrued liabilities	—	106,000
Amount repaid to the Ontario Ministry of Health and Long-Term Care related to prior year funding	—	(1,285,654)
Balance, end of year	1,741,806	990,388

5. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2015 \$	2014 \$
Balance, beginning of year	900,324	1,025,391
Add contributions transferred from deferred contributions [note 4]	226,911	206,554
Less amortization of deferred funding for capital assets	(447,278)	(331,621)
Balance, end of year	679,957	900,324

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2015

6. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of \$92,714 [2014 - \$126,684] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of community projects during the year from the Board restricted net assets of \$6,730 [2014 - \$39,523] for a net transfer from unrestricted net assets to Board restricted net assets of \$85,984 [2014 - \$87,161].

7. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, highest consecutive earnings, contributory pension plan. The plan is accounted for as a defined contribution plan since the Network has insufficient information to apply defined benefit plan accounting.

The Network's contributions to HOOPP during the year amounted to \$1,050,144 [2014 - \$973,244] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2014 disclosed net assets available for benefits of \$60,848 million with pension obligations of \$46,923 million, resulting in a surplus of \$13,925 million.

8. FINANCIAL INSTRUMENTS

The Network's financial instruments consist of cash and cash equivalents, HST recoverable, other receivables, and accounts payable. Management is of the opinion that the Network is not exposed to significant financial risks arising from these financial instruments.

Liquidity risk

The Network is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Network derives a significant portion of its operating revenue from the Ontario government with no firm commitment of funding in future years. To manage liquidity risk, the Network keeps sufficient resources readily available to meet its obligations. Accounts payable mature within six months.

Trillium Gift of Life Network

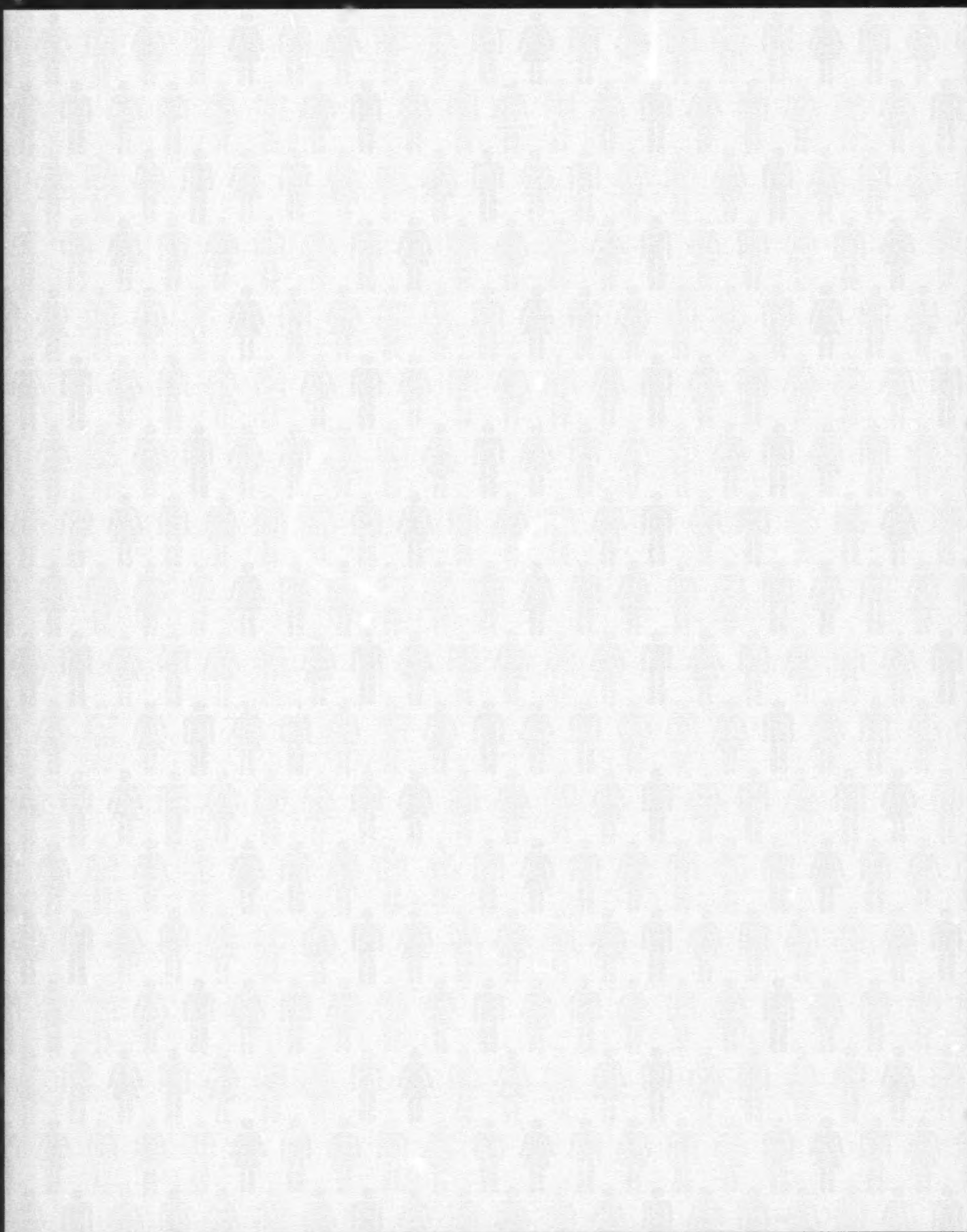
NOTES TO FINANCIAL STATEMENTS

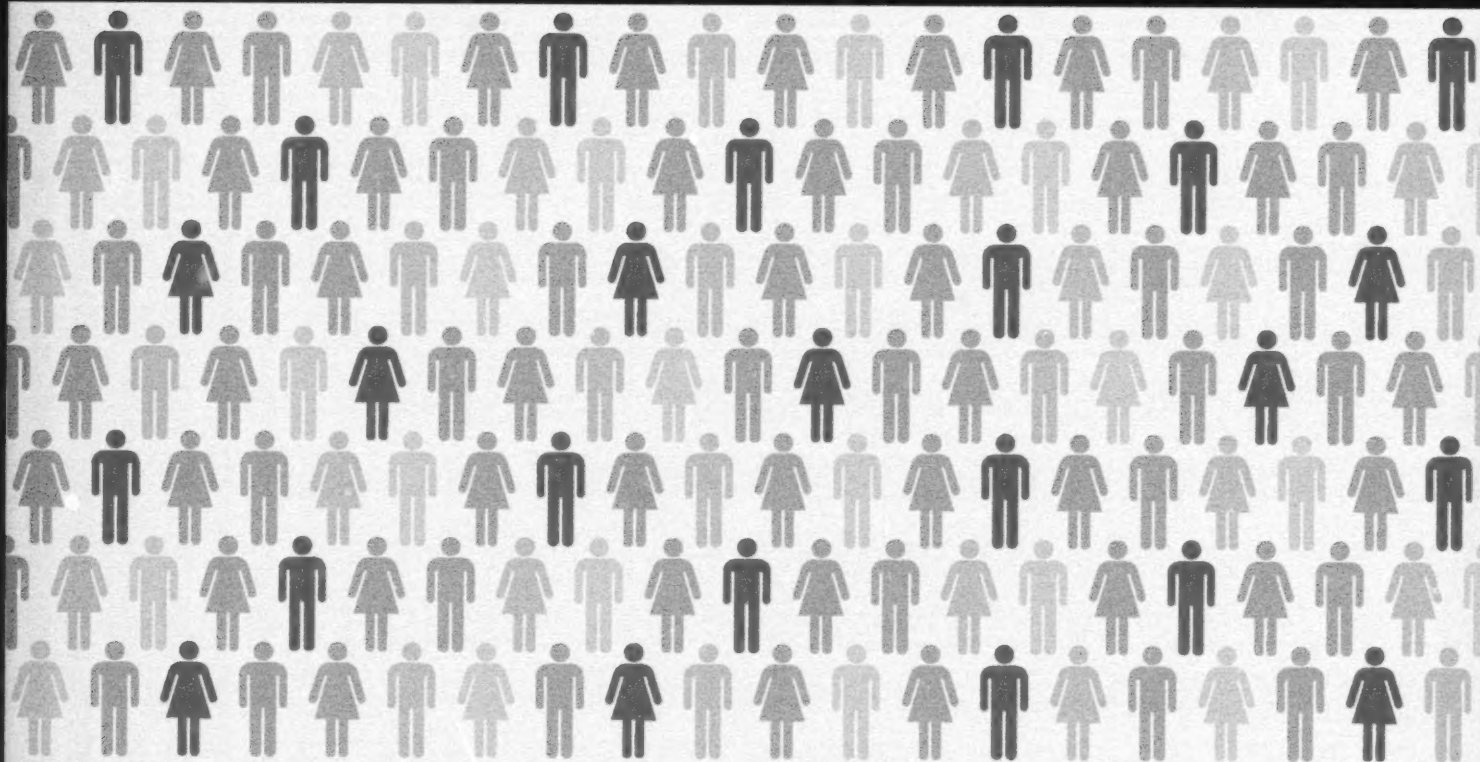
March 31, 2015

9. COMMITMENTS

Future minimum annual payments under operating leases for equipment and premises, excluding operating costs, are as follows:

	\$
2016	534,294
2017	307,488
2018	27,759
2019	20,974
2020	1,580





Trillium
Gift of Life
Network

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